



ENROLMENT AGREEMENT FORM

◆ Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.

We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.

You can find more information about national student numbers at: eli.education.govt.nz

Parents/Guardian Signature:

◆ Child's details:

Child's **first name**

Child's **Surname**

Child's **official other names / middle names:** (please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name: _____ Given name: _____

Copy of official identity verification document* collected by staff:

- | | |
|--|--|
| <input type="checkbox"/> New Zealand birth certificate | <input type="checkbox"/> Foreign birth certificate |
| <input type="checkbox"/> New Zealand passport | <input type="checkbox"/> Foreign passport |
| <input type="checkbox"/> Other _____ | |

Staff initials: _____

Child's date of birth: / /

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

—

—

—

Child's primary residential address:

Post Code:

* Information about acceptable identity verification documents is available online at eli.education.govt.nz

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

Any changes to this form **must** be signed and dated by the parent/guardian.

Parents / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Custodial Statement	
Are there any custodial arrangements concerning your child?	
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:

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Additional Emergency Contacts (also able to pick up child):

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Child's doctor:

Name of Doctor & Medical Centre:	Phone:
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Health

Illness/allergies	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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Medicine	
Category (i) Medicines	
A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.	
Note: The service must provide specific information about the category (i) preparations that will be used.	
Do you approve category (i) medicines to be used on your child? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
▪ Savlon antibacterial cream	▪ Instinct Sunscreen SPF 30
▪ Dettol	▪ Weleda Bum's & Bites cooling cream
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

Category (ii) Medicines	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.	
I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Category (iii) Medicines	
To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only.	
For staff: Individual health plan sighted and a copy taken: <i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (State time or specific symptoms)	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

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◆ Enrolment Details:

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

◆ 20 Hours ECE Attestation: (Only for children 3 years old or over are to complete the below)

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Tick One Yes No

2. Is your child receiving 20 Hours ECE at any other services?
One

Tick Yes No

If yes to either or both of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

◆ Dual Enrolment Declaration

I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at [insert name of service].

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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◆ **Optional Charges: PEL DOES NOT CHARGE OPTIONAL CHARGES**

◆ **Statutory Holidays / Term Breaks**

This enrolment agreement is **inclusive** of school term breaks.

PEL does not operate on Statutory Holidays

PEL is open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:

New Year's Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Waitangi Day	<input type="checkbox"/>	Queen's Birthday	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Labour Day	<input type="checkbox"/>		

Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in local or regular excursions (under the conditions stated in the service's excursions policy).

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** PEL has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review. Please initial if you have read.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences so we can support the child's learning and further develop their interest
- **Media Permission**
Permission to include social media exposure during assessments and updates on Facebook/Youtube regarding any updates and school purposes only

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Declaration of Understanding	
I give permission for my child to take supervised general walks within the close vicinity of the centre in which the ratio will be 1:4 ratio for over 2 and under 2 1:1	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to be photographed or videoed as part of the centre's documentation of learning.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to use computer based equipment to support their early childhood education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child's portfolio will be accessible to my child and my family. I confirm that I will respect the confidentiality of other children's documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for photographs/video of my child to be used for publicity purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I will be required to give written consent for any excursion in which my child is required to travel by motor vehicle and the ratio will be 1:4 ratio for over 2 and under 2 1:1	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child may be taken to an alternative location during an emergency. This might be a local civil defence centre or another safe place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that staff are responsible for my child during their booked times and that I am responsible for seeing my child gets to and from the centre.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for observations to be completed on my child by Early Childhood students in the course of their training. These observations will not include the child's name and copies will be forwarded to parents on request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature: _____	Date: ____/____/____

◆ Parent Declaration
I declare that all the above information is true and correct to the best of my knowledge.
Parent/Guardian Signature: _____

◆ Service Declaration	
On behalf of PEL declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____/____/____

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CHANGES TO TIMETABLE

Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

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