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| ***Administration Records*** Enrolment Agreement Form | | | | | | | | | | |
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| **⧫ Child’s details:** | | | | | | | | | | |
| Child’s **official surname** or **family name**: | | | | | | | | | | |
| Child’s **official** **given name**: | |  | | | | | | | | |
| 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: | | | | | | | | | | |
| ❑ New Zealand birth certificate  ❑ New Zealand passport  ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ❑ Foreign birth certificate  ❑ Foreign passport  **Staff initials**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Child’s date of birth: d d / m m / y y y y | | | | | | Male |  | Female |  |  |
| Child’s ethnic origin/s:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Iwi your child belongs to:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Language/s spoken at home:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Child’s primary residential address: | | | | | | | | | | |
|  | | | | | | | | | | |
| Post Code: | | | | | | | | | | |
| **⧫ 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](http://www.eli.education.govt.nz) | | | | | | | | | | |
| **\*** Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://www.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.** | | | | | | | | | | |
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| **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: | | | | | | | | |

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| **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): |

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| **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 cannot pick up your child**: | | |
| Name: | Name: | |
| Name: | Name: | |
|  | | | |
| **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: | |

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| **Child’s doctor:** | |
| Name: | Phone: |
| Name of medical centre: | |

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| **Health** | | | | | | |
| Illness/allergies: | | | | | | |
| Is your child up-to-date with immunisations? | *Tick One* | Yes |  | No |  |  |
| (Please provide verification of all immunisations) | | | | | | |
| **For staff:** Immunisation records sighted and details recorded: | *Tick One* | Yes |  | No |  |  |

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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? | | | *Tick One* | Yes |  | No |  |  |
| Name/s of specific category (i) medicines that can be used on my child, **provided by service**: | | | | | | | | |
| * Sunscreen SPF 30 + | * Zinc and castor oil ointment | | | | | | | |
| * Antiseptic cream | * Insect bite treatment | | | | | | | |
| * Arnica cream |  | | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | |

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| **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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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:  *Tick One*: | | Yes |  | No |  |  |
| 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | |

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| **⧫ 20 Hours ECE Attestation:** | | | | | | |
| 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 |  |  |
|  | | | | | | |
| 1. Is your child receiving 20 Hours ECE at any other services? *Tick One* | | 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | |

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| **⧫ 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:** | |
| 1. The optional charge is for: | |
| * + An optional charge should only be requested for trips/Excursions if:   There is a direct cost such as ‘entry fee’ associated with the excursion and/or  Travel is required to get to the destination, specifically not covered by walking. | |
| * + All optional charges must be only for educational excursions and care for the children, and should be able to be separated out and measured. | |
| 1. I understand that if I agree to pay for the optional charge, Little Hands Childcare and Early Learning centre may enforce payment. | |
| 1. The agreement to pay the optional charge will last for the entire time of the child’s enrolment. | |
| 1. The rules about making changes to the agreement are | |
| * + you must give one – week notice in writing | |
| * + Changes to booked hours, if you wish to increase or decrease the hours/days your child is booked for | |
| 1. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty. | |
| 1. I **agree/do not agree** *(select one)* to pay the optional charge for the activities/items specified in this enrolment agreement form. | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Statutory Holidays / Term Breaks** |
| We are closed on statutory holidays if it falls on weekday. |
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| **General:** |
| * **Policy Statement: Little Hands** Childcare 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 reviews. |
| * **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. |
| * **Fee Schedule and Terms & Conditions:** Please ensure you have read the Fees Schedules and Terms & Conditions before signing this form. Feel free to ask about 20 free ECE hours or WINZ subsidies that may be available for your child/ren. By signing this enrolment form, I agree to terms trade of **Little Hands** and understand that any cost incurred in the recovery of overdue fees will payable by me. |
| * **Privacy Statement:** All personal information about your child is kept securely and remains confidential. Please read our full Privacy Policy available with all other policies at the centre. * **Child’s strengths, interests and preferences:** Please tell us about your child’s strengths, interests and preferences. |

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| **Additional Information:** |
| * **Excursions:** Permission for the child to take part in regular excursions within 1 km radius of the centre. From the risk assessment of destinations for regular excursions the planned ratio of 1:4 infants, 1:8 toddlers and 1:10 for young children will be the maximum, which will not be exceeded and 1:1 around water. **YES / NO (Circle one)** |
| I give permission for my phone numbers, emergency contact persons and their phone numbers to be added to the Centre’s mobile phone contact list.  Yes / No (Circle one) |
| * **Photo/video:**   + - permission for the child to be photographed and videoed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can’t be used) **YES /NO** (Circle one)     - Permission for photographs or videos of your child to be used on the Centre’s website, Facebook site or newsletters, with your permission. **YES/NO** (Circle one)     - I give permission for my child to be photographed, observed, evaluated and photos displayed at the centre. I also agree to records about my child (as per Ministry requirements) being kept.   Yes / No (Circle one) |
| I hereby authorise the staff of Little Hands Childcare Centre to seek such medical advice for my child in the event of illness or accident, as the supervisor may think necessary for the best welfare of my child.  Yes / No (Circle one) |
| I give permission for my child to be involved in food activities whilst he/she is attending the centre.  Yes / No (Circle one) |
| * **B4 School Hearing and Vision Checks:** Vision and Hearing technicians will visit our centre to check the hearing and vision of four-year-old children who have not been seen for the above checks, or require re-checks from a previous visit. Your child’s name, date of birth and National Health Index (NHI) number will be recorded by the technician and stored in the B4 School Check national information system, along with the results of the check. I consent to my child taking part in the B4 School Hearing and Vision Checks.     Yes / No (Circle one) |
| I give permission for my child’s birth date to be displayed on our birthday list.  Yes / No (Circle one) |
| I give permission for Little Hands Childcare Centre to share or post photos/videos/first name of my child on our closed group face book page.  Yes / No (Circle one) |

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| **⧫ Parent Declaration** | |
| I declare that all the above information is true and correct to the best of my knowledge. | |
| Parent/Guardian Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Service Declaration** | |
| On behalf of Little hands, I declare that this form has been checked and all relevant sections have been completed. | |
| Service Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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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| **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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| **Change of Days/Times of Enrolment:** | | | | | | | |
| **Effective Date of Change:** \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | | |
| Days Enrolled: | Monday | Tuesday | Wednesday | | Thursday | Friday |  |
| Times Enrolled: |  |  |  | |  |  | Total |
| **For 20 Hours ECEfill out boxes below** | | | | | | | |
| 20 Hours ECE at this service |  |  |  | |  |  |  |
| 20 Hours ECE at another service |  |  |  | |  |  |  |
|  | | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | |