

# Enrolment Agreement Form

<b>Child's details:</b>	
Child's <b>official surname</b> or family name:	
Child's <b>official given name</b> :	
Child's <b>official other names / middle names</b> : (please separate names with a comma):	
<b>Name your child is known by / preferred name:</b>	
Surname / family name:	Given name:
<b>Child's identification:</b> Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. Official Identification document/s sighted 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:    dd / mm / yyyy	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____	Iwi your child belongs to: _____ _____
	Language/s spoken at home: _____ _____
Child's primary residential address:	
Post Code:	
<b>Parents / Guardians:</b>	
Given Names:	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:
<b>Emergency Contacts - Additional person/s who can pick up your child:</b>	
Name	Name
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child? If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:

Enrolment Details:						
Date of Enrolment: ___ / ___ / ___		Date of Entry: ___ / ___ / ___		Date of Exit: ___ / ___ / ___		
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature: _____			Date: ___ / ___ / ___			

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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
a. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>	
Parent/Guardian Signature: _____ Date: ___ / ___ / ___	

Optional Charges - Quality Education Surcharge – For children enrolled in 20 hours ECE only.
Pauanui Pre-School provides education and care at a much higher level than required by the Ministry of Education Early Childhood Regulations. In order to continue to provide these additional resources we request \$1.50 per hour (up to 20 hours maximum \$30 per week) for children enrolled in 20 hours ECE. Please read and indicate below if you agree to pay this optional charge.
1. The optional charge is for: <ul style="list-style-type: none"> <li>a. Transport to school visits.</li> <li>b. Provision for paper based learning portfolio</li> <li>c. Sunscreen &amp; Sunhats</li> <li>d. High teacher to child ratios</li> </ul>
2. I understand that if I agree to pay for the optional charge, Pauanui Pre-School may enforce payment.
3. The agreement to pay the optional charge will last for the length of enrolment at Pauanui Pre-School.
4. The rules about making changes to the agreement are: <ul style="list-style-type: none"> <li>a. Application may be made in writing to cancel this agreement within 3 weeks of first signing.</li> <li>b. Application may be made in writing to HOLD this agreement for a period due to financial hardship.</li> </ul>
5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
<b>I agree/do not agree (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form.</b>
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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

Health			
Illness/allergies:			
Is your child up-to-date with immunisations? (Please provide verifications of all immunisations)	Tick One	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
<b>For Staff:</b> Immunisations record sighted and details recorded:	Tick One	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Child's Doctor:	
Name:	Phone:
Address:	

Medicine	
Category (i) Medicines - Provided by the service	
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.	
Do you approve category (i) medicines to be used on your child? please tick individually below	Tick One    Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
<input type="checkbox"/>	<b>Rhino Repair – Oasis Beauty</b> – A natural organic healing cream that is used for everything from dry flaky skin, cracked heels through to nappy rash and itchy bites.
<input type="checkbox"/>	<b>Cancer Society Sunscreen Kids Pure Lotion SPF50+</b> - A low irritant sunscreen for kids and adults alike. UVA/UVB Broad Spectrum and dermatologically approved with natural plant and mineral extracts. Free from colour, fragrance, parabens and oxybenzone. Tested independently by consumer.org.nz to meet their SPF and broad-spectrum label claims March 2022.
<input type="checkbox"/>	<b>Goodbye Sandfly – Insect repellent and bite soother</b> - Made with essential oils of eucalyptus, lavender, pine, manuka, tea tree and lemongrass in a base of expeller pressed sweet almond oil.
<b>Please detail any exclusions below:</b>	
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, eczema, epilepsy, nappy rash, allergic reaction, diabetes etc and is for the use of that child only.	
<b>For staff:</b> Individual health plan sighted and a copy taken:	Tick One:    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: ____/____/____

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

## Dual Enrolment Declaration

I hereby declare that my child **is / is not** (circle one) enrolled at another early childhood institution at the same times that he/she is enrolled at Pauanui Pre-School

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Statutory Holidays / Term Breaks / Holidays

This enrolment agreement is inclusive of school term breaks

Pauanui Pre-School closes over the summer period for approximately 4 weeks and for the second week of the term 2 school holidays in July each year. During this time no fees will be charged. You may apply for a holiday application of up to 3 weeks during the year whereby no fees will be charged and your enrolment space will be kept open. For more information, please see our administrator.

Pauanui Pre-School is NOT open on public holidays if they fall on a weekday. Fees are charged on public holidays.

## Required Information for Licensing Purposes

In signing this enrolment form, I agree to the following:

- **Photo/video:** I give permission for my child to be photographed for the purposes of assessment, planning and evaluation. These images show various parts of the day and activities available at Pauanui Pre-School and are used to document child learning and development which we share with you via learning stories. These are available to view in your child's profile book and on Storypark.
- From time to time we may post images to our Facebook page and website. **Please tick here to allow permission:**
- **Reducing Food Related Choking:** I confirm I have been given a copy of and have read the Ministry of Health publication: Reducing food-related choking for babies and young children at early learning services. I am informed of the risks associated with providing high risk foods for my child.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Other

- **Fees:** Fees are payable whether your child attends the service or not. All invoices are due fortnightly following invoice unless otherwise arranged with our Administrator. Any unpaid fees at the end of term MAY RESULT IN YOUR CHILD BEING EXCLUDED from our Centre. At this time, fees will be put in the hands of a debt collection agency with costs incurred being added to your outstanding fees account. We are here to help, so please come and see us if you need a payment plan for your fees.
- **Policy Statement:** Pauanui Pre-School 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 towards policy review.
- **Parent Information Pack:** Please ensure you have read the information in the enrolment information pack 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.

## Spontaneous Excursions

In signing this enrolment form I give permission for my child to participate in spontaneous trips around the Pauanui community to the following locations: Pauanui village shops, Pauanui Library, Pauanui Garden Centre, Pauanui Gas Station, Pauanui Skate Park, Ajax Head Playground, and Pauanui Sports & Recreation Club. These spontaneous trips will always be via foot (never in vehicles) and with a teacher to child ratio of 1 teacher to 4 children. In order to ensure we are meeting early childhood legislation it is a requirement that parents/caregivers sign to acknowledge they have been made aware of the risks of spontaneous excursions.

Hazard	Action
What could happen or what might cause harm?	How will we manage that hazard – remove, isolate, minimise?
Child falls/injures themselves	Take first aid kit, attend to injury as required
Child becomes upset	Comfort and support as required
Toileting accident	Use toilets prior to leaving
Weather related incident	Ensure adequate sun protection including hats and sunscreen or, if raining, raincoats
Child runs onto road	Ensure adequate supervision, children are to hold hands with each other or an adult on all excursions
Serious accident or emergency	Teacher has mobile phone and list of emergency contacts

Please sign to acknowledge you have read and understand the risks involved with spontaneous excursions and that you give permission for your child to participate in spontaneous excursions:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## Privacy Statement:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number\* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities
- under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

\* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at <https://www.nzqa.govt.nz/login/national-student-number-nsn/>

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: <https://www.education.govt.nz/early-childhood/funding-and-data/early-learning-information/questions-and-answers/national-student-numbers-nsn/>

***The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.***

## Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Service Declaration

On behalf of Pauanui Pre-School, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_