

# ADMINISTRATION RECORDS ENROLMENT FORM



## CHILD'S DETAILS

Legal surname/family name:	
Legal first name(s):	
Child is known by/preferred name: First name:	Surname:
Copy of official identity verification document** collected by staff: <input type="checkbox"/> NZ birth certificate <input type="checkbox"/> NZ passport <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other: _____ Staff initials: _____	
Child's date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's ethnic origins:	
Iwi your child belongs to:	
Languages spoken at home:	
Child's primary address:	
Postcode:	

## 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: [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents)

*\*\* Information about acceptable identity verification documents is available online at:*

***www.lead.ece.govt.nz and www.minedu.govt.nz/parents.***

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

## PARENTS/GUARDIANS:

First name(s):	Surname:
Address:	
Postcode:	
Phone (H):	Phone (W):
Mobile:	Email:
Relationship to child:	

First name(s):	Surname:
Address:	
Postcode:	
Phone (H):	Phone (W):
Mobile:	Email:
Relationship to child:	

First name(s):	Surname:
Address:	
Postcode:	
Phone (H):	Phone (W):
Mobile:	Email:
Relationship to child:	

First name(s):	Surname:
Address:	
Postcode:	
Phone (H):	Phone (W):
Mobile:	Email:
Relationship to child:	

## ADDITIONAL PERSON(S) WHO CAN PICKUP YOUR CHILD:

First name(s):	Surname:
Address:	
Postcode:	
Phone (H):	Phone (W):
Mobile:	Email:
Relationship to child:	

First name(s):	Surname:
Address:	
Postcode:	
Phone (H):	Phone (W):
Mobile:	Email:
Relationship to child:	

## CUSTODIAL STATEMENT

Are there any custodial arrangements concerning your child?  YES  NO

If yes, please give details of any custodial arrangements or court orders (a copy of any court order is required):


### PERSON(S) WHO CANNOT PICKUP YOUR CHILD:

Name:

Name:

Name:

Name:

### ADDITIONAL EMERGENCY CONTACTS (ALSO ABLE TO PICKUP YOUR CHILD):

First name(s):	Surname:
Address:	
Postcode:	
Phone (H):	Phone (W):
Mobile:	Email:
Relationship to child:	

First name(s):	Surname:
Address:	
Postcode:	
Phone (H):	Phone (W):
Mobile:	Email:
Relationship to child:	

First name(s):	Surname:
Address:	
Postcode:	
Phone (H):	Phone (W):
Mobile:	Email:
Relationship to child:	

First name(s):	Surname:
Address:	
Postcode:	
Phone (H):	Phone (W):
Mobile:	Email:
Relationship to child:	

## CHILD'S DOCTOR

Name:	Phone:
Name of medical centre:	

## HEALTH

Illnesses/allergies:	
Is your child up-to-date with immunisations? (Please provide verification of all immunisations)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>STAFF ONLY:</b> Immunisation records sighted and details recorded:	<input type="checkbox"/> YES <input type="checkbox"/> NO

## MEDICINE

<b>Category (i) Medicines</b>	
A category (i) medicine is a non-prescription preparation (Stingoes for stings/bites and Betadine antiseptic Cream for cuts and grazes, Arnica for bruises) 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name(s) of specific category (i) medicines that can be used on my child, provided by service: <input type="checkbox"/> Sunscreen <input type="checkbox"/> Stingoes <input type="checkbox"/> Betadine antiseptic <input type="checkbox"/> Arnica <input type="checkbox"/> Other: _____	

Parent/Guardian signature: ..... Date:.....

<b>Category (ii) Medicines</b>
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:.....

<b>Category (iii) Medicines</b>	
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.	
<b>STAFF ONLY:</b> Individual health plan sighted and a copy taken:	<input type="checkbox"/> YES <input type="checkbox"/> 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:.....

## 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 compulsory fees</b> when a child is receiving 20 Hours ECE funding.						
<b>DAYS ENROLLED</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>TOTAL HRS</b>
<b>TIMES ENROLLED</b>						
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian signature: ..... Date:.....

## 20 HOURS ECE ATTESTATION

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?  YES  NO

Is your child receiving 20 Hours ECE at any other services?  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** (*select one*) enrolled at another early childhood institution at the same times that he/she is enrolled at Rewanui Early Learning Centre.

Parent/Guardian signature: ..... Date:.....

## OPTIONAL CHARGES

The optional charge is for the following activities:

- Weekly excursions to Gisborne Gymnastic Club entry fee **\$5.00**
- Weekly excursions to the Elgin School for Comet swimming lessons entry fee is **\$11.50**

I understand that if I agree to pay for these optional charges Rewanui Early Learning Centre may enforce payment.

The agreement to pay the optional charges will last for the period of the 12 months.

The rules about making changes to the agreement are:

- Management will review optional charges annually
- Parents will be given two months written notice of these changes to reconfirm this agreement

I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

I **agree / do not agree** (*select one*) to pay the optional charge of \$5.00 per week for gymnastics.

I **agree / do not agree** (*select one*) to pay the optional charge of \$11.50 per week for swimming.

Parent/Guardian signature: ..... Date:.....

## STATUTORY HOLIDAYS / TERM BREAKS

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

Rewanui Early Learning Centre does not operate on any statutory holidays and has an annual shutdown period over Christmas/New Year. You will be advised at two months prior to the closure.

## CONDITIONAL FULL ENROLMENT DECLARATION

I understand and agree that my child's entire enrolment is on a conditional basis. I agree that my child's attendance will be conditional on there being a space available for the hours and days I request. I also attest that my child is not enrolled at another service for the time they will be attending Rewanui Early Learning Centre conditionally, I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian signature: ..... Date:.....

## CONDITIONAL ENROLMENT EXTRA ATTENDANCE DECLARATION

I understand and agree that my child's enrolment is on a conditional basis for extra days and hours that they are not already enrolled to attend. I agree that my child's attendance will be conditional on there being a space available for the hours and days I request. I also attest that my child is not enrolled at another service for the time they will be attending Rewanui Early Learning Centre conditionally, I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian signature: ..... Date:.....

## CASUAL ENROLMENT DECLARATION

I understand and agree that my child's entire enrolment is on a casual basis. I agree that my child's attendance will be casual on there being a space available for the hours and days I request. I also attest that my child is not enrolled at another service for the time that they will be attending Rewanui Early Learning Centre. casually. I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian signature: ..... Date:.....

## TRANSITION TO SCHOOL VISITS

I understand and agree that my child's transition to school visits will begin on this date: .....

My child will leave Rewanui Early Learning Centre and begin school on this date:.....

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

Parent/Guardian signature: ..... Date:.....

## TERMS & CONDITIONS

<b>EXCURSIONS:</b> Written consent will be required for any excursion on which my child is required to travel by motor vehicle. I give permission for my child to be taken by staff to take part in regular excursions (under the conditions stated in the service's excursions policy).	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DISCLOSURE OF PERSONAL INFORMATION:</b> I give permission for my child's name to be published in childcare newsletters.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PHOTO/VIDEO:</b> I give permission for my child to be photographed or videoed for the purposes of assessment, planning and evaluation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree for my child's image to be used for promotional material: Tick which apply: <input type="checkbox"/> Newsletter <input type="checkbox"/> Printed Material <input type="checkbox"/> Website* <input type="checkbox"/> Facebook* <i>*I understand that these images will be available on the world wide web and will be viewed by visitors to the website.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>EDUCA:</b> Educa is a secure web-based portfolio system which allows you to see your child's activities at Rewanui, any time you like. As the parent/guardian for the child of this enrolment form, I consent to the service's collection, use and display of my child's information on the Educa Application in accordance with the Privacy Policy set out on the Educa website.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>MEDICAL, MEDICINES &amp; EMERGENCIES:</b> I give permission for staff to apply basic first aid to my child and to change his/her soiled or wet clothing when necessary.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In the event of accident or emergency, I authorise the centre to seek such advice or treatment and accept responsibility for any expenses incurred as it deems necessary in the best interests of my child.	
<input type="checkbox"/> I will bring in my child's immunisation certificate for the centre to sight on completion of their 15 month and 4-year-old immunisations.	
<input type="checkbox"/> I understand my child will be taken to an alternative destination in an event of a Civil Defence emergency.	
<input type="checkbox"/> I agree to my child being collected in the event of an emergency by one of the caregivers or emergency contacts that I have nominated.	
<b>FEES &amp; WINZ:</b> Accounts are given out weekly. Payments of all childcare fees are strictly weekly following receipt of account. Payment must be made within this time and may not be spread over any other period. In default of prompt payment, you undertake to pay late payment fees of 10% per month on any amount outstanding and to indemnify us and pay all costs and expenses which we may incur recovering from you any overdue amounts. Direct payments can be arranged – speak to management for the bank account number. A current schedule of fees and charges is displayed on our notice board	
<input type="checkbox"/> I have read and understood the fee schedule and centre hours and agree to abide by these conditions.	
<input type="checkbox"/> I agree to accept all WINZ responsibilities and that I pay in full any amounts not paid by them for this service.	
<input type="checkbox"/> <b>FOOD:</b> I understand that healthy kai in lunch boxes is encouraged. I therefore agree to keep packaged food to a minimum and will not include lollies in my child's lunch box. <input type="checkbox"/> <b>ALLERGIES:</b> Our centre is EGG and NUT free because of children's allergies within the centre. I understand and will not put food containing nuts or eggs (except for baking with egg in it) in my child's lunch box.	
<input type="checkbox"/> I understand that my child will only be allowed to drink water and non-flavoured milk at the centre.	
<input type="checkbox"/> I agree to contribute one piece of fruit each week for the centre's fruit bowl.	
<b>HEARING AND VISION SCREENING:</b> I give permission for my child to have their hearing and vision tested as part of the Ministry of Health screening programme. The screening programme includes distance vision, hearing and middle ear function (glue ear).	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>POLICIES:</b> Rewanui Early Learning Centre 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 and procedures of this service, and understand how you can have input to policy review.	

## **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 Rewanui Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider signature: ..... Date:.....

*Please complete the attached 'About Me' form which will provide us with additional information about your child's strengths, interests and preferences.*