

ENROLMENT FORM

Please complete and sign form to enrol your child at our centre

Personal Details:

Child's official given name:				<input type="checkbox"/> Male			
Child's official surname or family name:				<input type="checkbox"/> Female			
Name your child is known by / preferred name:							
Child's primary residential address:							
Contact phone:							
Email address:							
Child's ethnic origin:		Iwi your child belongs to:					
Language/s spoken at home:							
Child's date of birth				Date of Enrolment:			
Date of Entry:				Date of Exit:			

ENROLMENT DETAILS - Please Note: 30 Hours ECE is for up to **six hours per day**, up to **30 hours per week** and there **must be no** compulsory fees when a child is receiving 30 hours ECE funding.

DAYS ENROLLED	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
TIMES ENROLLED						
For 30 Hours ECE fill out the boxes below with the hours attested – e.g. 6 hours						
30 Hours ECE at this service						
20 Hours ECE at another service.						
Parent / Guardian Signature:					Date:	

* if for any reason you have to change your child's booked hours you will need to complete a "Change of hours" form held at the office.

How did you hear about Ko te Aroha?

Parent / Caregiver - Emergency / Contact Details:

(and person who invoices will be issued to)

Parent / Guardian name			
Address			
Relationship			
Phone numbers	Home		Work
	Mobile		
Email Address:			

Additional Persons Who Can Collect Your Child - Emergency / Contact Details:

Name			
Address			
Relationship			
Phone numbers	Home		Work
	Mobile		
Name			
Address			
Relationship			
Phone numbers	Home		Work
	Mobile		

Custodial statement:

Are there any custodial arrangements concerning your child?

Person/s who **cannot** pick up your child:

Name	
Address	
Relationship	
Phone / Contact No	

Medical Details:

What are any allergies/ illnesses your child has:	
Treatment requirements:	
Special Diet Requirements:	
Is your child Up-to-date- with immunisation?	
Immunisation records are required to be kept on your child's file. <input type="checkbox"/> Immunisation Records Supplied	
Doctors Name:	

Routine / Home:

What time does your child take their naps?	
Do they have a comforter when they nap?	
Does your child have a favourite toy or activity?	

20 Hours ECE Attestation:

Is your child over 3 years old? If Yes, please complete this section.

Is your child receiving 30 hours ECE for up to six hours per day,
30 hours per week at Ko Te Aroha?

YES / NO

Is your child receiving 20 Hours ECE at any other service?

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 the 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 decision 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

Signed: _____ 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 Ko Te Aroha Children's Centre.

Parent/Guardian

Date: _____

Signature: _____

Statutory Holidays / Term Breaks:

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

Ko Te Aroha is closed on Statutory Holidays.

AUTHORISATION AGREEMENT:

- I authorise a senior staff member, in the event of illness to seek medical or other advice deemed necessary for my child's best interests
- Medicines 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. For minor accidents/incidents, centre staff may select to use products such as arnica cream, sting goes etc. I give permission for such products to be used on my child.
- 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.
- Medicines Category (iii) to be filled in if your child requires medication as part of an individual health plan, for example for on-going condition such as asthma or eczema.
- Excursions: My child has my permission to participate in spontaneous walks from the centre with adequate child:staff ratios, ie 1:5 for over 2 and 1:3 for under 2.
- I authorise the centre to request a copy of my child's immunisation records.
- I authorise the childcare centre to take photographs, video and sound recordings of my child for educational and security purposes. I give permission for pictures of my child to be used on the Ko Te Aroha facebook page / Website.
- I agree to pay childcare fees as per the Centre Terms of Trade
- I have had the opportunity to read the Charter and endorse its contents
- I declare that my child is not enrolled at any other childcare / kindergarten during these hours
- I have read this agreement along with the Terms of Trade and Centre policies
- I have viewed the sleeping facilities and read the sleeping policy and agree to accept the conditions stated
- I have read and agree with the Centres Excursion and Supervision of Sleeping Children Policies
- I have read and agree with the Centres Child Protection Policy as per the Vulnerable Childrens Act 2014
- I have read and agree with the Health and Safety at work Policy and agree to the Safety initiatives therein
- **Food Clause:** I acknowledge I will not be charged for my child's food / meal costs whilst enrolled at Ko Te Aroha Children's Centre. That the fees charged excludes food consumption.

◆ 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 Ko Te Aroha Children's Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

Please supply one of the following forms of Official identification for your child's record.

Copy of Official Identity verification document collected by staff:

- New Zealand birth certificate
- New Zealand passport
- Other _____

◆ 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