



Enrolment Agreement Form

CHILD'S DETAILS			
Child's official surname or family name:		Child's official given name:	
Official other / middle names:		Name your child is known by / preferred name	
Copy of official identity verification document* sighted by staff:			
<input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Other _____	<input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport	Staff initials: _____	
Child's date of birth:		Gender:	
Child's ethnic origin/s:		Iwi your child belongs to:	
Language/s spoken at home:		NSN Number:	
Primary residential address:			
Post Code:			

PRIVACY STATEMENT
<p>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 2020. 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 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/ *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.</p>

PARENTS / GUARDIANS			
1. Given names:		2. Given names:	
Surname / Family Name:		Surname / Family Name:	
Address:		Address:	
Post Code:		Post Code:	
Phone (Mobile):		Phone (Mobile):	
Phone (Work):		Phone (Work):	
Phone (Home):		Phone (Home):	
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 (Mobile):		Phone (Mobile):	
Phone (Work):		Phone (Work):	
Phone (Home):		Phone (Home):	
Email:		Email:	
Relationship to child:		Relationship to child:	

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 (Mobile):		Phone (Mobile):	

Phone (Work):		Phone (Work):	
Phone (Home):		Phone (Home):	
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 (Mobile):		Phone (Mobile):	
Phone (Work):		Phone (Work):	
Phone (Home):		Phone (Home):	
Email:		Email:	
Relationship to child:		Relationship to child:	

ADDITIONAL PERSON/S WHO CAN PICK UP YOUR CHILD

1. Given names:		2. Given names:	
Surname / Family Name:		Surname / Family Name:	
Address:		Address:	
Post Code:		Post Code:	
Phone (Mobile):		Phone (Mobile):	
Phone (Work):		Phone (Work):	
Phone (Home):		Phone (Home):	
Email:		Email:	
Relationship to child:		Relationship to child:	

CUSTODIAL STATEMENT

Are there any custodial arrangements concerning your child? Tick One 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 PICK UP YOUR CHILD

Name:		Name:	
Relationship to child:		Relationship to child:	
Conditional Access Terms:		Conditional Access Terms:	

PERMISSIONS

Please indicate below whether you give permission for your child to:

Can Attend Walks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Be Taken To Medical Centre	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can See Health Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Use Image For Facebook	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Use Image For Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Use Image For Newspaper	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Use Image For Notices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Use Image For Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Use Image For Playground	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Use Image For Study	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD'S DOCTOR

Name:		Phone:	
Name of medical centre:			

HEALTH

Illness/allergies:
Specify any allergies:

Childhood Diseases/Diagnosis:

Special Diet:

Is your child up-to-date with immunisations? Tick One Yes No

(Please provide verification of all immunisations)

For staff: Immunisation record sighted and details recorded: Tick One Yes No

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 (**including brands names**) 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**:

Parent/Guardian Signature: _____

Date: __/__/__

CATEGORY (II) MEDICINES

A 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, provide by a parent for the use of that child only or, in relation to Rongoa Maori (Maori 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: 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: __/__/__

STATUTORY HOLIDAYS / TERM BREAKS

This enrolment agreement is inclusive of all school term breaks. A1 Kids Childcare Centre Childcare is closed on all Statutory Holidays and for approximately two weeks over Christmas period. Please speak to the centre administrator for more details.

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	Total hours
Times Enrolled:						
Parent/Guardian Signature: _____						Date: __/__/__

FOR 20 HOURS ECE FILL OUT BOXES BELOW WITH THE HOURS ATTESTED E.G. 6 HOURS

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
20 Hours ECE at this service						
20 Hours ECE at another service						
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? Tick One Yes No
2. 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: __/__/__

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 A1 Kids Childcare Centre

Parent/Guardian Signature: _____

Signing Date: __/__/__

OPTIONAL CHARGES

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

1. The optional charge is for: (give details of specific activities or items, and their costs)
 -
 -
2. I understand that if I agree to pay for the optional charge, A1 Kids Childcare Centre may enforce payment.
3. The agreement to pay the optional charge will last for: [insert time]
4. The rules about making changes to the agreement are: (you must give the parent reasonable opportunity in which to change their mind):
 - (Please insert rules here)
 -
5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.
6. 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: __/__/__

PARENT DECLARATION

I understand my child could be observed for training purposes and understand they will not be identified by name; that the observations will be read by the trainee's commenter, and I have the right to request access to this information.

Parent/Guardian Signature: _____

Date: __/__/__

Service Declaration

SERVICE DECLARATION

Service Provider Signature: _____

Date: __/__/__