

Enrolment Agreement Form



◆ 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:

**Your child will not be able to begin at Pohutukawa until a copy of official identity verification is received.
Copy of official identity verification document* collected by staff:**

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

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:

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:

Additional Emergency Contacts	(also able to pick up child, in order of preference)
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:

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):

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 <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health			
Illness/allergies:			
Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please provide verification of all immunisations)			
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child require a special diet? If so please give details:		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
In an emergency may we obtain medical help for your child?		<input type="checkbox"/>	<input type="checkbox"/>

Medicine	
I give permission for the non-medical staff at Pohutukawa Early Learning Centre to administer medication to my child. Parent/Guardian Signature: _____ Date: ____ / ____ / ____	
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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
▪ Arnica	▪ Stingoes
▪ Insect Repellent	▪ Bepanthen (Nappy Rash)
▪	▪
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 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 <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: ____ / ____ / ____

◆ Enrolment Details:						
Date of Enrolment: ____ / ____ / ____ Date of Entry: ____ / ____ / ____ Date of Exit: ____ / ____ / ____						
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: ____ / ____ / ____						

◆ 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 <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	Tick One 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"> ▪ 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 [insert name of service].

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Additional Information

Is there any additional information we should be aware of- religion, language etc?

Fees

I have read and understand my obligations regarding the fees policy. Fees are to be paid weekly unless alternative arrangements are made on enrolment. Should your account exceed \$300 a letter may be sent out to families indicating a timeframe for payment. I understand that non-payment of fees will result in forfeiture of my child place at Pohutukawa Early Learning Centre and any outstanding fees will be passed onto a debt collection agency. All costs of or incurred by the vender (*Pohutukawa Early Learning Centre*) as a result of a default of or non-payment by the customer of any due fees or costs including but not limited to administration charges, debt collection costs, legal costs as between *Pohutukawa Early Learning Centre* and or its agents shall be payable by the customer”

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Policies

Pohutukawa 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 of this service, and understand how you can have input to policy review.

Parent Information Book: Please ensure you have read the information in the parent handbook.

Vision and Hearing:

I give permission for my child at the age of 3 years old to have a hearing check and at the age of 4 years of have a vision check by a visiting health care professional in the centre.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Excursions

I give permission for my child to participate I walk in the immediate community environment supervised by centre staff under the ratios set out in the excursion policy.

Parent/Guardian Signature: _____ Date ____ / ____ / ____

I have viewed the outings policy and give approval for outings up to 40 mins drive from the centre. I approve of the adult staff ratios for outings.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Photo/Video

I give permission for the staff of Pohutukawa Early Learning Centre, to take photos and/or video of my child to complete observation on my child for the purpose of programme assessment, planning and evaluation. Photos may be used for individual or group learning stories and displays within the centre. I also give permission for visiting students who may take part in placements within the centre during the course of their study to take photos, and complete observations on my child, for the sole purpose of their course requirements.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ 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 Pohutukawa Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____

◆ 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 the national student numbers at: www.minedu.govt.nz/pzrents