

Enrolment Form GMA10 Appendix 2

◆ 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:
Copy of official identity verification document* collected 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: _____	
<p>* Information about acceptable identity verification documents is available online at eli.education.govt.nz</p> <p>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p>		
Child's date of birth: d d / m m / y y y y	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: _____		
◆ Privacy Statement:		
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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</p>		

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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:
3. Given names:	4. 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):
Relationship to child:	Relationship to child:

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:
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 (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
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 (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
Child's doctor:	
Name:	Phone:
Name and address of medical centre:	

Health			
Illness/allergies:			
Is your child vaccinated?	Tick One	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
Are they up-to-date with immunisations?	Tick One	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
(Please provide verification of all immunisations)			
For staff use: Immunisation records sighted and details recorded		Signed:	Date:

Diet
Please detail any special dietary requirements that the centre needs to be aware of:

Medicine			
Category (i) Medicines			
A category (i) medicine is a non-prescription preparation to be used for the 'first aid' treatment of minor injuries and is not ingested. The below preparations are provided by the service and kept in the first aid cabinet.			
Do you approve of the below category (i) medicines to be used on your child?		Tick One	
Betadine/Dettol Antiseptic Cream	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Anthisan Insect Bite Cream			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	
Kawakawa balm			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	
Sudocream			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	
NaturoPharm Arnica Cream			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	
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: ____/____/____

I agree not to bring my child to the centre in the event of sickness such as vomiting, diarrhoea or infectious illnesses, such as chicken pox, mumps etc until the child is safe to return. Withholding periods are specified in policy HS27. I understand that the centre is obliged to refuse entry to any child that may be infectious.

◆ 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	
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 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 Whenuakite Country Kids.

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

◆ Optional Charges:

1. The optional charge is for:

- Costs associated with photocopying for portfolios
- Cost associated with eportfolios

2. I understand that if I agree to pay for the optional charge, Whenuakite Country Kids may enforce payment.

3. The agreement to pay the optional charge will last for one year.

4. The optional charge will be added to your child's account early in the financial year.

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: ____ / ____ / ____

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◆ **Statutory Holidays / Term Breaks**

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

Whenuakite Country Kids closes for two and a half weeks over Christmas and New Year and again for one week of the July school holidays. Whenuakite Country Kids is **not** open on public holidays if they fall on a weekday.

Specific Permissions

<ul style="list-style-type: none"> ▪ Excursions: I give permission for my child to take part in excursions under the conditions stated in the centre's excursions policy. 	Yes/No (delete one)
<ul style="list-style-type: none"> ▪ Photo/video: I give permission for my child to be photographed for the purposes of assessment, planning and evaluation. 	Yes/No (delete one)
<ul style="list-style-type: none"> ▪ Newsletters/Notices: I give permission for my child's image to be used in newsletters and notices. 	Yes/No (delete one)
<ul style="list-style-type: none"> ▪ Website: I give permission for my child's image to be used on the centre's website. 	Yes/No (delete one)
<ul style="list-style-type: none"> ▪ Newspapers: I give permission for my child's image to be used in newspaper articles. 	Yes/No (delete one)
<ul style="list-style-type: none"> ▪ Emergency – I agree for my child to be seen by a Public Health Nurse or transported to a local doctor in case of a medical emergency, or taken from the site for their safety in the case of emergency. 	Yes/No (delete one)
<ul style="list-style-type: none"> ▪ Vision and Hearing Check – I give permission for my child to be seen by the Waikato DHB Vision and Hearing Technician as part of their scheduled 4 year old checks. 	Yes/No (delete one)
<ul style="list-style-type: none"> ▪ I wish to be present for this check 	Yes/No (delete one)

Social Media

I undertake not to post photos or videos of other children on social media, without permission from the child's whānau or the centre.

Other Information

- **Policy Statement:** Whenuakite Country Kids 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 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.
- **Child's strengths, interests and preferences:** You will receive an All About Me Form, please tell us about your child's strengths, interests, preferences and aspirations for your child.
- **Transitional School Visits:** Information on transition arrangements is included in the information booklet.

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- **Privacy** – I agree to my child’s name and date of birth being given to the local schools as part of the schools’ long term planning.
- **Supervision** - I understand that the centre is not responsible for my child or siblings outside of their booked hours or while being transported to and from the centre, unless on a centre excursion.
- We require parents to sign their child in and out on the tablet at reception each day that their child attends. We also require that the weekly register for days attended in the previous week be signed. Parents are assigned individual PINs for signing using the tablet.

◆ Choking Hazard and Healthy Kai Declaration

I confirm that I have received and read a copy of the Ministry of Health:
[Reducing food-related choking for babies and young children at early learning services.](#)

I confirm that I have received and read a copy of the:
[Healthy Food and Drink Guidance – Early Learning Services](#)

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: ____ / ____ / ____

◆ Contract Agreement

I acknowledge that I have read and understand the centre’s fees schedule. I agree to pay all fees and bills in full and on time.

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

◆ Service Declaration

On behalf of Whenuakite Country Kids, I declare that this form has been checked and all relevant sections have been completed.

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

END

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