

◆ **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:

 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:

◆ **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 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 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.education.govt.nz/parents

* 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.

We are closed all Statutory Holidays

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:

Any changes to this form **must** be signed and dated by the parent/guardian.

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:
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Name:	Name:
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Additional Emergency Contacts (also able to pick up child):
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1. Given names:	2. Given names:
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Surname / family name:	Surname / family name:
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Address:	Address:
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Post Code:

Post Code:

Phone (Home):	Phone (Home):
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Phone (Work):	Phone (Work):
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Phone (Mobile):	Phone (Mobile):
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Email:	Email:
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Relationship to child:	Relationship to child:
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3. Given names:	4. Given names:
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Surname / family name:	Surname / family name:
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Address:	Address:
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Post Code:

Post Code:

Phone (Home):	Phone (Home):
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Phone (Work):	Phone (Work):
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Phone (Mobile):	Phone (Mobile):
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Email:	Email:
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Relationship to child:	Relationship to child:
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Child's doctor:

Name:	Phone:
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Name of medical centre:

Any changes to this form **must** be signed and dated by the parent/guardian.

Health

Illness/allergies:

(Please provide verifications of all immunisations) - please note if your child is not vaccinated, they may be excluded for a period in the event of an outbreak.

Special dietary requirements:

Is your child up-to-date with immunisations?

Tick One Yes No

(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded:

Tick One Yes No

Medicine

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?

Tick One Yes No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

- | | |
|----------------|-------------|
| ▪ Arnica | ▪ Savlon |
| ▪ Insect Cream | ▪ Sudocream |

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 medication action plan filled out with parent to be renewed 3 monthly:

Any changes to this form **must** be signed and dated by the parent/guardian.

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: ____/____/____						
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 <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. 	

Any changes to this form **must** be signed and dated by the parent/guardian.

- 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 Pukeko Early Learning Centre.

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

Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions at a adult to child ratio of 1:4 for over two children and 1:2 for under two children. If excursion takes place near the water the ratios change to 1:2 for over two children and 1:1 for under two children (under the conditions stated in the service's excursions policy). **Yes/no**
- **Sunscreen:** permission to use Stokoderm SPF 50+ sunscreen as needed. **Yes/no**
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation. **Yes/no**
- **Facebook:** permission for your child's photo to be used on Facebook. **Yes/no**
- **Web site:** permission for your child's photo to be used on the Pukeko ELC Website. **Yes/no**
- **Storypark:** permission for your child's photo to be used on Storypark. **Yes/no**

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

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Pukeko ELC 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:** Please tell us about your child's strengths, interests and preferences, you will find a copy of the all about me form in the enrolment pack please fill it out in any way you see fit.
- **Transitional School Visits:** Information on transition arrangements.
- **Correspondence School Enrolment:** Details of enrolment agreement.

Any changes to this form **must** be signed and dated by the parent/guardian.

◆ 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 Pukeko ELC, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
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Any changes to this form **must** be signed and dated by the parent/guardian.

20 Hours ECE at another service						
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Parent/Guardian Signature: _____ Date: ____/____/____

Change of Days/Times of Enrolment:

Effective Date of Change: ____/____/____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

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