



Enrolment Agreement Form

Enrolment Information, 20 Hours ECE Enrolment Hours and Attestation Information for Early Childhood Education Services.

◆ 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:

Official identity document/s sighted 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:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at

[National Student Number \(NSN\) » NZQA](#)

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, will be securely destroyed once verified.

◆ 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: (An introduction to these people will need to occur)

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: (a photo may be required, if person is unknown to staff)	
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 of medical centre:	

◆ Medicines	
Medicines for Health/Allergies	
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, hearing aids 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: ____ / ____ / ____
Non-prescribed Creams (nappy rash, bruises, insect bites etc).	
We do have some creams on-site if children do have nappy rash, or may need creams for bruises, bites etc. Please tick the ones below that can be applied to your child if needed.	
☐ Sudo Cream ☐ Bepanthen ☐ Tui Balm	☐ Kawakawa Balm (Rongoa) ☐ Arnica Cream (bruises) ☐ Antiseptic cream (insect bites/sores)
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

◆ Enrolment Details:						
Date of Enrolment: ____ / ____ / ____ Date of Entry: ____ / ____ / ____ Date of Exit: ____ / ____ / ____						
Please Select Enrolment Type						
Permanent Enrolment: <i>Enrolments for children who will attend our centre on a regular, ongoing basis</i>	☐	Casual Enrolment: <i>Enrolments for children who will not be attending our centre on a regular basis</i>	☐	Conditional Enrolment: <i>Children who attend in the place of an absent permanently enrolled child provided our licence maximum is not exceeded at any one time</i>	☐	
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 the Tamarau ELC.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Optional Charges

Please note: There are no optional charges at Tamarau ELC.

◆ Statutory Holidays / Term Breaks

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

Tamarau Early Learning Centre will be closed during all public/statutory holidays and for two weeks during the Christmas break.

◆ Required Information for Licensing Purposes

Excursions

- I give permission for my child to take part in Tamarau ELC's regular excursions organised by senior staff to Worsley St Park & Tamarau Hill (across from 58 Matthews Road) Evacuation Point. (Information about these excursions can be found in our excursion policy).
- I understand that the ratio for these outings will be:
1 adult to 4 children (over two's).
1 adult to 2 children (under two's).
- I have sighted and understood the Risk assessment for each excursion.

Parent/Guardian signature: _____ Date: ____ / ____ / ____

Photos & Video

- **Photo/video:** I give permission for my child to be photographed for the purposes of assessment, planning and evaluation. Prior permission of the parents / guardians will be sought if any photos are to be used for promotional material not mentioned in the section below 'Publication of Student Work and Images'.

Parent/Guardian signature: _____ Date: ____ / ____ / ____

◆ Publication of Student Work and Images

Tamarau children's images and work are published on our centre walls, in newsletters and online platforms.

- Facebook is primarily used to publish photos and promotional material for the Centre.
- When publishing material staff will make every effort to ensure that all children are portrayed in a positive manner

Online publications

I am satisfied for my child to appear in any group photos on the Tamarau Facebook site and understand that my child's name and other personal details will never be published.

Tick one

Yes ☐ No ☐

Parent/Guardian signature: _____ Date: ____ / ____ / ____

PARENT/GUARDIAN/CAREGIVER – Statement of Understanding

NB: These agreements must be signed before the child starts at the centre

1. I understand that the teachers are only responsible for my child during their time at the centre. I am responsible for seeing that my child gets safely to and from the centre.	YES NO
2. I understand that I will need to give written approval for any special excursions which include walking and travel.	YES NO
4. I understand my child's portfolio will be accessible to me & my family/whanau, I confirm that I will respect the confidentiality of other children's documentation.	YES NO
5. I give permission for my child's name and date of birth to be given to the school he/she will be attending.	YES NO
6. I give permission for samples of my child's work to be used in displays – at the centre or in the community.	YES NO
7. The Public Health Unit undertakes standard hearing, vision and health checks, I give permission to these to be carried out on my child and for the results to be discussed with my child's teacher if necessary.	YES NO
8. I give permission for the teachers to apply basic first aid, and sunscreen to my child.	YES NO
9. I give permission for teachers to obtain medical treatment for my child in an emergency and I accept responsibility for the expenses incurred.	YES NO
SIGNED BY PARENT/GUARDIAN _____ DATE: ____ / ____ / ____	

◆ Other information:

- **Policy Statement:** Tamarau 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. These documents are available on request.
- **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.
- **Transitional School Visits:** Refer to 'Transition to School Policy'

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

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