



## 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

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

\*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](#)

*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:**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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)

<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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 cannot 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):

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:	

**◆ Health**

Illness/allergies including chronic medical conditions:
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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)						
<b>For staff:</b> Immunisation records sighted and details recorded:		<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>◆ Medicine</b>						
<b>Category (i) Medicines</b>						
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, <b>provided by service:</b>						
▪ Arnica cream		▪ Antiseptic liquid				
▪ Kawakawa cream		▪				
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Category (ii) Medicines</b>			
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: ____ / ____ / ____	

<b>Category (iii) Medicines</b>						
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.						
<b>For staff:</b> Individual health plan sighted and a copy taken:		<i>Tick One:</i>	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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ◆ 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. (Information about these excursions can be found in our excursion policy).

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- **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 our Tamarau newsletter and one online space

- Facebook is primarily used to publish photos and promotional material for the Centre.
- Te Kawerongo a Tamarau is our newsletter published every three months for whānau of our tamariki and support agencies working alongside our 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.

Yes

No

## 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 time my child has to travel for a trip or excursion.	YES	NO
3. I give permission for my child to go for walks with the teachers in the area around the centre. The key places to visit are: Ida Road Park, Worsley St park, Native Nursery Mathew Road.  <ul style="list-style-type: none"><li>• I understand that the ratio for these outings will be 1 adult to 4 children.</li><li>• I have sighted and understood the Risk assessment for each excursion.</li></ul>	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, sunscreen and insect repellent products to my child, and to change her/his soiled or wet clothing when necessary.	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: ___/___/___	

<b>◆ Other information:</b>
<ul style="list-style-type: none"> <li>▪ <b>Policy Statement:</b> 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.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Parent Information Book:</b> 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.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Child's strengths, interests and preferences:</b> Please tell us about your child's strengths, interests and preferences.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Transitional School Visits:</b> Refer to 'Transition to School Policy'</li> </ul>
<b>◆ Parent Declaration</b>
I declare that all the above information is true and correct to the best of my knowledge.
Parent/Guardian Signature: _____ Date: ___/___/___

<b>◆ Service Declaration</b>	
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: ___/___/___