



Nurturing Early Education Moppet Oranga
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:

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 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 national student numbers at: eli.education.govt.nz

* 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.

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

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):
Phone (Mobile):	Phone (Mobile):
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:

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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:

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: ___/___/___			

Enrolment Details for change of Days / Times						
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: ___/___/___			

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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: ____/____/____

Enrolment Details for change of Days / Time

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:

3. 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

4. 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.

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 [insert name of service].

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

Statutory Holidays / Term Breaks

Neemo Childcare Centre is open 52 weeks of the year and this enrolment agreement is inclusive of school term breaks. **Neemo Childcare Centre** is not open on statutory holidays.

Child's doctor:

Name:	Phone:
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Name of medical centre with full address:

Health

Illness/allergies:

➤ *If your child requires ongoing medications or treatments please talk to the teachers about a health plan.*

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 Cream | ▪ Aqueous Cream |
| ▪ Antiseptic Liquid | ▪ Insect bite treatment |

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

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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: <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: ____ / ____ / ____

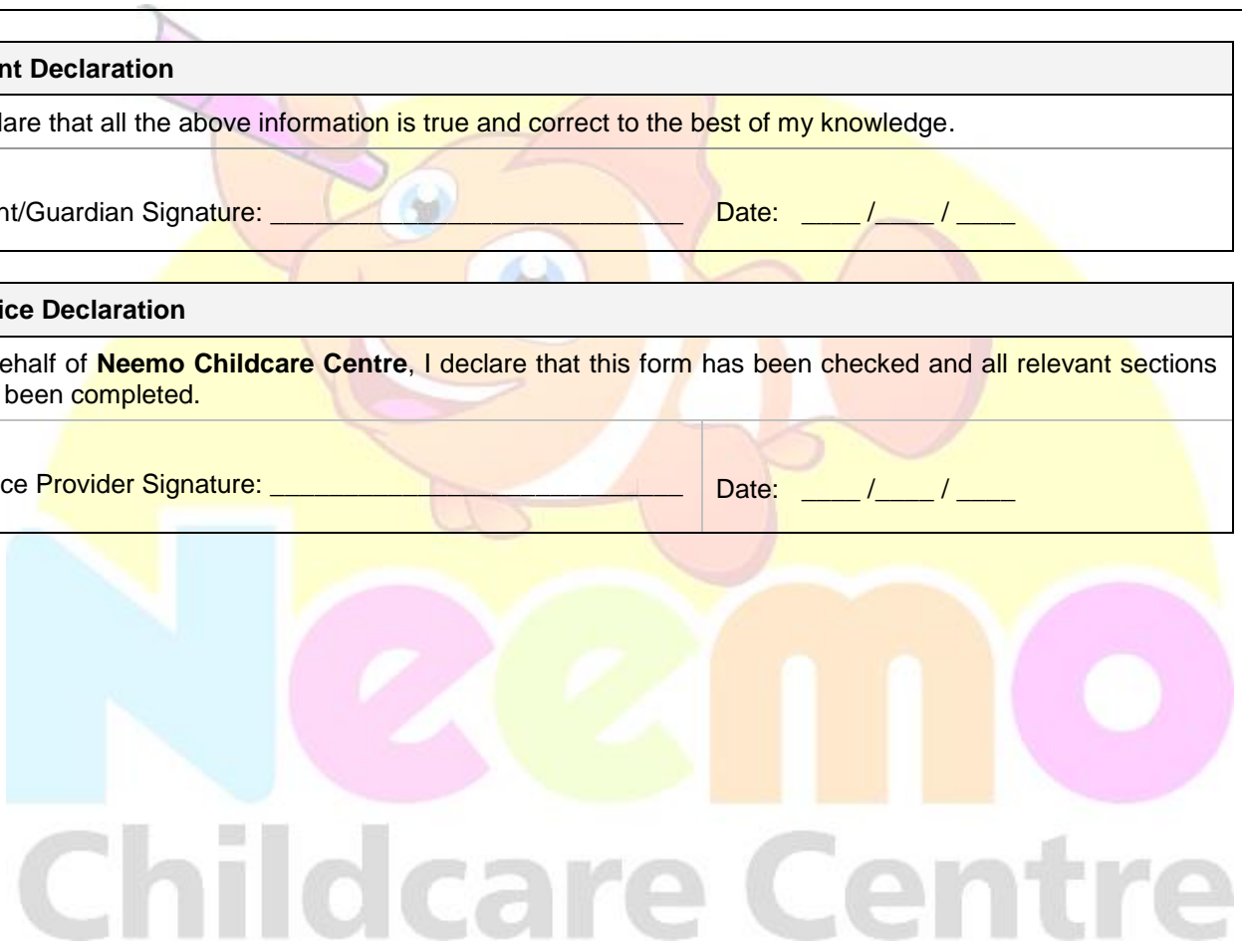
Required Information for Licensing Purposes -	
Parent Agreement and Authorisations	Tick
<ul style="list-style-type: none"> Excursions: I give permission for my child to take part in regular excursions, local outings, short walks to the nearby park / nearby shops / School, under the conditions outlined in the excursion policy. The ratios will be: Over twos: 1 adult to 4 children. Under twos: 1 adult to 2 children. 	
<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 (mainly to use for wall display, children portfolios, planning purposes, as a part of the program) I give permission for any such photography / video to be used for publicity purposes I give permission for my child to be photographed / videoed by parents of the Centre on special occasions such as birthdays, leaving party, festival celebration, etc. 	
<ul style="list-style-type: none"> Accidents: In an event of a major accident or other health related emergency, I give permission to Neemo Childcare Centre to seek advice and treatment as deemed necessary in the best interests of my child and I agree to pay any medical costs. 	
<ul style="list-style-type: none"> Exclusion: I understand that if my child has an infectious condition they will not attend the Centre. Should they become unwell while at Neemo they may be excluded and / or sent home at the discretion of the Manager or person responsible. 	
<ul style="list-style-type: none"> I agree to notify staff by 8.00am if my child will not be attending. I agree to notify staff if someone other than those named on this enrolment form is to collect my child. I understand that my child will remain at the Centre until permission has been given. I understand that if my account is 2 weeks in arrears, the Centre may no longer provide a position for my child. I understand that 2 weeks' notice is required if my child is leaving. Parents will not have right of entry if, in the opinion of the person responsible, they are under the influence of alcohol or any other substance that has a detrimental effect on the functioning or behaviour of the person, or is exhibiting behaviour that is likely to be disruptive to the effective operation of the Centre. I have read and I understand all contents of this agreement 	
Parent /guardian signature: _____	Date: ____ / ____ / ____

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Other information
<ul style="list-style-type: none"> ▪ Policy Statement: Neemo Childcare 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 policies. 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.
<ul style="list-style-type: none"> ▪ Fees Schedule and Policy: I have read the fees schedule and agree to abide by the policy.
<ul style="list-style-type: none"> ▪ Child's strengths, interests and preferences: Please tell us about your child's strengths, interests and preferences.
<ul style="list-style-type: none"> ▪ Parent Information Book: Please ensure you have read the information in the parent handbook as it covers such things as medical information and ways in which we can help you and your child settle into the service.
<ul style="list-style-type: none"> ▪ Privacy Statement: All personal information of your child will be kept securely and remain confidential.

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 Neemo Childcare Centre , I declare that this form has been checked and all relevant sections have been completed.
Service Provider Signature: _____ Date: ____ / ____ / ____



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