

BRIGHT EYES EARLY CHILDHOOD CENTRE

Enrolment Agreement Form

Child details:

Child's official given name:

Child's official surname or family name

Child's official other names / middle names: (please separate with a comma.)

Name your child is known by / preferred name:

Surname / family name:

Given name:

Copy of official identity verification document to be collected by staff

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other

Staff initials _____

Child's date of birth: ____ / ____ / _____

Male

Female

Ethnic origin/ s:

Information required by the Ministry of Education

Iwi your child belongs to:

Languages spoken at home:

Child's primary residential home address:

Postcode

Parents / Guardians:

Mr, Mrs, Ms. First Names:

Mr, Mrs, Ms First Names:

Surname:

Surname:

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:

Emergency Contacts (also able to collect child)

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

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:

Name:

Name:

◆ Enrolment Details: Please note our centre is not open on public holidays

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 number of hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of 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 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: ____ / ____ / ____

Doctor:

Name:

Phone:

Address:

Health

Illnesses

Allergies:

Food child cannot eat:

Is your child up-to-date with immunisations?

Tick One

Yes

No

(Please provide verifications of all immunisations)

For staff: Immunisations record 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

▪

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as 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.

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

Individual health plan completed and signed:

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: ____ / ____ / ____

Required Information for Licensing Purposes – I give permission for my child to:-

- Attend small local walks with an adult with an adult to child ratio of no more than 1 adult to 3 children
Yes / No
- Be taken by Ambulance to a medical centre in the case of an emergency Yes / No
- Be photographed for the purposes of assessment, planning and evaluation and the photos to be displayed in children's portfolios and on display within the centre,
Yes / No
- Be photographed for the purpose of using on our parent portal which is a web based programme and / or website.
Yes / No

Policy information

- **Policy Statement:** Our 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.
- **Fees Schedule and Policy:** I have read the fees schedule and agree to abide by the policy.
- **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.

◆ 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

I declare that this form has been checked and all relevant sections have been completed.

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

Privacy Statement: All personal information on your child will be kept securely and remain confidential.

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.

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

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.minedu.govt.nz/parents.