


◆ 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:

Sight of official identity verification document* 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:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).

Additionally, all Privacy statements must include the exact wording below:

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

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: National Student Numbers (NSN) – Education in New Zealand

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, should 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:

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

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:

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:

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:

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Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
▪ Arnica	▪ Sunscreen
▪ Insect bite cream	▪ Antiseptic
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: ____ / ____ / ____

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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:	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: ____ / ____ / ____						

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

◆ 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 Kiwi Kids Preschool.

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

◆ Optional Charges:

1. The optional charge is for: Food and Educa Profile costs

2. I understand that if I agree to pay for the optional charge, Kiwi Kids Preschool may enforce payment.

3. The agreement to pay the optional charge will last from when my child turns 3 years old to ending enrolment.

4. The rules about making changes to the agreement are:

- If you increase your child's hours over 20 hours ECE a change of fees charged will apply

5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I **agree/do not agree** to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

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

Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)
- **Food:** permission is given for all food provided in centre from nursery to preschool rooms.

Other information

- **Policy Statement:** Kiwi Kids Preschool 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:** Please ensure you have read the information 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.
- **Transitional School Visits:** Kiwi Kids Preschool will organise settling visits to welcome you and your child into the centre. Please advise us of any transition visits you organise to Primary Schools.
- **Statutory Holidays:** This enrolment is inclusive of school term breaks. Kiwi Kids Preschool remains open throughout the year but does close for public holidays and /or as agreed by the Service Provider.
- **Medical Treatment:** I give permission for my child/ren to be taken to the medical centre in the event of an accident or emergency and given medication if necessary, by a medical professional.
- **Fees Policy:** I agree to pay the preschool fees as set out in the fees and enrolment information including any charges for over 3 years as per the fees schedule.

◆ 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 Kiwi Kids Preschool, I declare that this form has been checked and all relevant sections have been completed.

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

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