



Enrolment Agreement Form

Harbourside Kids Childcare Centre

◆ 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: dd / mm / yyyy

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: www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

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: Surname / family name: Address: <div style="text-align: right;">Post Code:</div> Phone (Home): Phone (Work): Phone (Mobile): Email: Occupation	2. Given names: Surname / family name: Address: <div style="text-align: right;">Post Code:</div> Phone (Home): Phone (Work): Phone (Mobile): Email: Occupation:
3. Given names: Surname / family name: Address: <div style="text-align: right;">Post Code:</div> Phone (Home): Phone (Work): Phone (Mobile): Email: Relationship to child:	4. Given names: Surname / family name: Address: <div style="text-align: right;">Post Code:</div> Phone (Home): Phone (Work): Phone (Mobile): Email: Relationship to child:

Additional person/s who can pick up your child:	
Given names: Surname / family name: Address: <div style="text-align: right;">Post Code:</div> Phone (Home): Phone (Work):	Given names: Surname / family name: Address: <div style="text-align: right;">Post Code:</div> Phone (Home): Phone (Work):

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: Surname / family name: Address: Post Code: Phone (Home): Phone (Work): Phone (Mobile): Email:	2. Given names: Surname / family name: Address: Post Code: Phone (Home): Phone (Work): Phone (Mobile): Email:
3. Given names: Surname / family name: Address: Post Code: Phone (Home): Phone (Work): Phone (Mobile): Email:	4. Given names: Surname / family name: Address: Post Code: Phone (Home): Phone (Work): Phone (Mobile): Email:

Child's doctor:

Name:

Phone:

Name of medical centre:

Health

Illness/allergies:

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

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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:**

-
-
-
-

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: ____/____/____

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

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: ____/____/____

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◆ 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: ___/___/___

◆ 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 Harbourside Kids Childcare Centre.

Parent/Guardian Signature: _____ Date: ___/___/___

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Required Information for Licensing Purposes

- **Excursions:** In signing this form I give permission for my child to travel with the centre staff or adults authorised by the Manager in a motor vehicle while in care of the centre. The vehicles used will meet the LTSA child safety requirements. Such travel may be arranged for centre excursions, community walks, emergency medical assistance and transport to/from the centre and home. All excursions will be with the ratio of 1:2 for Under 2's and 1:5 for Over 2's. In the church ground the ratio is 1:3 for Under 2's and 1:5 for Over 2's. I also give permission for my child to undertake walks within Harbourside Church property and around the local community.
- **Movement within centre:** In signing this form I give permission for my child to use the whanau room/foyer whilst under normal supervision as part of the daily activities of the centre. I give permission in certain circumstances (ie a small number of children left at the end of the day) to be cared for in the other license area (eg Under 2's or Over 2's areas).
- **Photo/video:** I give permission for the child to be photographed for the purposes of assessment, planning and evaluation, displays, newsletters, learning stories, promotional use including media such as our Harbourside Kids website and Facebook.
- **Sunscreen:** I give permission for staff to apply sunscreen to my child for outside play.
- **Policy statement:** Harbourside Kids 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. 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 Hand 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.
- **Fees:** I have read and agree to agree to abide by the fee structure and policy.
Fees are to be paid one week in advance of childcare by automatic payment directly into the centre's bank account. Automatic payment forms are available of enrolment.
- **Special Character:** Harbourside Kids Childcare Centre is a Christian Based Child Care Centre, but will not discriminate or exclude any enrolments from any other/no religious backgrounds.
- **Privacy Statement:** All personal information on 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 Harbourside Kids Child Care Centre, I declare that this form has been checked and all relevant sections have been completed.

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

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Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

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“What You Need to Know: ALL ABOUT ME”

My name is _____

I am _____ years old.

My birthday is on _____.

MY FAMILY....	MY INTERESTS...	THE THINGS I CAN DO & THINGS I AM GOOD AT...
<p>My Immediate Family are: (These people are very special to me, siblings, etc)</p> <hr/> <hr/> <hr/> <hr/>	<p>At Home we like to: (Things we do together i.e. swimming/reading/singing etc.)</p>	<p>I Can: (List the things you can do well, like ride a bike, dance, crawl...)</p>
<p>My Extended Family: (These people are also special to me)</p> <p>Language(s) I speak at home:</p>	<p>Things that Makes Me Happy and My Special Routine: (i.e. When I sleep I have my blanket, cuddly, etc):</p>	<p>I would like the centre/teachers to help me learn more about:</p>
<p>My pet's name: (if applicable)</p> <p>I Am Allergic To/Any Special Diet:</p>	<p>Things that Make Feel Sad or Scared: (Loud noise/dogs, etc)</p>	<p>Other Relevant information about Me: (Custody issues/special interests, etc.)</p>

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