



Tuahiwi Community Preschool
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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: _____

Name your child is known by/preferred name

Surname family name: _____ Given name: _____

For staff: Official Identification document/s sighted by staff:

- New Zealand birth certificate
- New Zealand passport
- Foreign birth certificate
- Foreign passport
- Other _____

Staff initials: _____

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

Male / Female (*circle one*)

Child's ethnic origins: _____

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 is 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](http://www.nzqa.govt.nz/nzqa/national-student-number)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Number \(NSN\)- Education in New Zealand](http://www.nzqa.govt.nz/nzqa/national-student-number)

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 Details

1. Given names: _____

Surname / family names: _____

Address: _____

_____ Post Code: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Email: _____ *(this is the email address that we will use for all correspondence, let us know if you'd like another email address added).*

Relationship to child: _____

2. Given names: _____

Surname / family names: _____

Address: _____

_____ Post Code: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Email: _____

Relationship to child: _____

3. Given names: _____

Surname / family names: _____

Address: _____

_____ Post Code: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Email: _____

Relationship to child: _____

4. Given names: _____

Surname / family names: _____

Address: _____

_____ Post Code: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Email: _____

Relationship to child: _____

Additional person/s who can pick up your child:

1. Given names: _____

Surname / family names: _____

Address: _____

_____ Post Code: _____

Phone (home): _____

Phone (work): _____

2. Given names: _____

Surname / family names: _____

Address: _____

_____ Post Code: _____

Phone (home): _____

Phone (work): _____

Custodial Statement

Are there any custodial arrangements concerning your child? **yes / no** *(circle one)*

If yes, please give details of any custodial arrangements or court orders (a copy of the court order is required)

Person/s who cannot pick up your child:

Name: _____

Name: _____

Name: _____

Additional Emergency Contacts (also able to pick up child):

1. Given names: _____

Surname / family names: _____

Address: _____

_____ Post Code: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Email: _____

2. Given names: _____

Surname / family names: _____

Address: _____

_____ Post Code: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Email: _____

Child's doctor:

Name: _____ **Phone:** _____

Name of the medical centre: _____

Health:

Illness/allergies: _____

Is your child up to date with immunisations? **yes / no** *(Please provide verification of all immunisations)*

For staff: Immunisation records sighted, and details recorded: **yes / no** *(circle one)*

Staff initials: _____

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? **yes / no** *(circle one)*

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 ongoing condition such as asthma or eczema etc and is for the use of that child only.

For staff: Individual health plan sighted and copy taken? yes / no *(circle one)*

Name/s 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 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 above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 hours ECE per week across all service.
- You authorise the Ministry of Education to make enquires 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 Tuahiwi Community Preschool.

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

If you request Optional Charges, this agreement must be included as part of your service's Enrolment Agreement Form.

Optional Charges:

For further information on optional charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

1. The optional charge is for: (give details of specific activities or items, and their costs)
 - a. *___ from time-to-time Preschool will charge for events, excursions or special visitors to the centre, if there is a cost incurred by the preschool, we will inform you of these details at the time. ___*
 - b. _____
2. I understand that if I agree to pay for the optional charge, Tuahiwi Community Preschool may enforce payment.
3. The agreement to pay the optional charge will last for: *___ duration of enrolment ___*
4. The rules about making changes to the agreement are: *___ notify us in writing ___*

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

Statutory Holidays / Term Breaks:

This enrolment agreement is **exclusive** of school term breaks and all statutory holidays.

Is there anything else you would like to tell us about your child or whānau?

(Religion, routines, speech and language etc.)

PERMISSIONS AND AUTHORITIES:

- I give permission for my child to travel on short walks in the local area accompanied by staff. For all other excursions, my specific permission for each such excursion will be required. **YES / NO**
- I give permission for centre staff to carry out written observations and use of digital images of my child to be used for the purpose of programme planning and recording (students who enter the centre may wish to observe also). **YES / NO**
- The children's profile books are stored in a public area for easy access. Whilst we ensure confidentiality, we do require you to give your permission for the book to be stored where others may view it. **YES / NO**
- I understand that if Tuahiwi Community Preschool withdraws from the 20 Hours ECE scheme I will be liable for fees as outlined in the Fee Structure. **YES / NO**
- **I give permission for my child's photo to be on the preschool's closed Facebook page. No surnames will be used.** **YES/NO**
- **I give permission for my child's photo to be used on the preschool 'open' Facebook page and preschool webpage. No names will be used.** **YES / NO**

Signature: _____ Date ____/____/____

I HAVE READ AND AGREE TO THE FOLLOWING:

I will not bring my child to Tuahiwi Community Preschool:

- In the event of sickness.
- If child is requiring pain relief
- In case of vomiting and/or diarrhoea, your child can only return 48 hours **after** being sick
- In case of infectious illness eg Chicken pox, Rubella, Hepatitis, Mumps, Gastroenteritis, Conjunctivitis

- In the event of accidents, the preschool staff are authorised to seek medical advice as they may see necessary for my child’s best interests. In the unlikely event of an emergency, I give permission for my child to be taken to hospital, in an ambulance if necessary.
- I will notify the Preschool if my child is to be absent preferably by 8.45am.
- Should a court order be placed upon any Parent or Guardian of a child enrolled at the Preschool, the Supervisor must be notified immediately and given a copy of such order.
- I will notify the Preschool **(in writing)** if anyone other than those listed on this enrolment form are to pick up my child from the Preschool and I understand my child must be kept in the Preschool, until such permission is given.
- I agree to pay fees, preferable by automatic payment into preschools account. If this is an issue, let management know so we can come to an arrangement agreeable by both parties.
- The committee has the authority to review the fees at any time. Failure to pay fees within the required timeframe will result in my account being passed over to a debt collection agency and incurring all costs associated with the collection of the fees.
- You agree to let us know if your child is enrolled concurrently in any other school or early childhood centre.
- I will give two weeks’ notice before withdrawing my child from Tuahiwi Community Preschool.

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