

Enrolment Agreement Form

Te Pito o te Puna Wai o Waipapa/Hagley Community Preschool

510 Hagley Avenue, Christchurch

Phone 03 364 5158 Mobile 021 033 7073



NSN Number	Join Date	Leave Date
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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: _____

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: _____ _____ _____
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Child's primary residential address:

Post Code

Child's Identification:
Children may be enrolled into a service even if a parent/guardian cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/guardian can provide it, please state in the enrolment form which documentation you sighted.

Official Identification document/s sighted by staff _____ **Staff initials:** _____

<input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other If other, please state _____	<input type="checkbox"/> Te Puna Wai o Waipapa/Hagley College student timetable <input type="checkbox"/> Te Puna Wai o Waipapa/Hagley College employee <input type="checkbox"/> Refugee background
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Parents / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
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 (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 (Mobile):	Phone (Mobile):
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:

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.

Child's doctor:

Name:

Phone:

Name of medical centre:

Health

Illness/allergies:

Is your child up to date with immunisations?

Yes/Aē

No/Kāo

Please provide verification of all immunisations

For staff: Immunisation records sighted, and details recorded:

Yes/Aē

No/Kāo

Medicine	
Category (i) Medicines	
<p>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.</p>	
<p>Do you approve category (i) medicines to be used on your child? Yes/Aē <input type="checkbox"/> No/Kāo <input type="checkbox"/></p>	
<p>Name/s of specific category (i) medicines that can be used on my child, provided by service:</p>	
<ul style="list-style-type: none"> ▪ Arnica 	<ul style="list-style-type: none"> ▪
<p>Parent/Guardian Signature: _____ Date: _____</p>	
Category (ii) Medicines	
<p>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.</p>	
<p>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.</p>	
<p>Parent/Guardian Signature: _____ Date: _____</p>	
Category (iii) Medicines	
<p>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.</p>	
<p>For staff: Individual health plan sighted, and a copy taken: Yes/Aē <input type="checkbox"/> No/Kāo <input type="checkbox"/></p>	
<p>Name of medicine: _____</p>	
<p>Method and dose of medicine: _____</p>	
<p>When does the medicine need to be taken: (State time or specific symptoms)</p> <p>_____</p>	
<p>Parent/Guardian Signature: _____ Date: _____</p>	

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 this 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? Yes/Aē <input type="checkbox"/> No/Kāo <input type="checkbox"/> 						
2. Is your child receiving 20 Hours ECE at any other services? Yes/Aē <input type="checkbox"/> No/Kāo <input type="checkbox"/> 						
If yes to either or both of the above, please sign to confirm that: <ul style="list-style-type: none"> 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 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. 						
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: _____						

Terms and Conditions

Statutory Holidays/Term Breaks
 This enrolment agreement is inclusive of school term breaks. We close for four weeks over the Christmas/summer holidays. Te Pito o te Puna Wai o Waipapa/Hagley Community Preschool is not open on Statutory Holidays.

Holding Fee –A holding fee (50% of your child's regular fees) is charged for extended absences outside of preschool closures ie family holidays or not attending preschool during the term breaks. Two weeks' notice is required to ensure your child's enrolment is retained over that period.

Giving Notice – Two weeks' notice is required when advising of an end of enrolment date.

Consents

Excursions
 I give permission for my child to take part in regular excursions within college grounds, under conditions stated in the excursion policy, and give approval of the following maximum adult to child ratios:

Mixed aged: 1 Adult to 3 Children. Under Twos; 1 Adult to 2 Children. Over twos; 1 Adult to 4 Children
 When the four-seater buggy is used the ratios across all age groups may be 1 Adult to 4 Children
 When in the fenced community garden the ratio for under twos; 1 Adult to 2 Children and over twos; 1 Adult to 4 Children, and may be accompanied by one adult

At least one adult will be a trained and registered teacher employed within the preschool and an adult with first aid training will be available to the children.
 Written permission will be obtained before excursions outside of college grounds.

Photo/Video/Face Paint or Henna

- Photos/videos will be respectful of all children and appropriate to the learning situation and taken by a member of Te Pito o te Puna Wai o Waipapa/Hagley Community Preschool
- Visitors to the preschool including students will be required to obtain prior written parental permission if they wish to photograph or video any child.

I agree that my child's image can be used for the following purposes. <u>Internal / In Centre Printed Material</u> Photos / Videos, Newsletters, Profile Books & Educa, preschool displays, planning & study	I agree that my child's image can be used for the following purposes. <u>External / Online</u> Website, Facebook, Advertising	I do not agree to my child's photo being used at all.	I agree that my child can have face paint or Henna applied
Tick if agree with the above statement <input type="checkbox"/>	Tick if agree with the above statement <input type="checkbox"/>	Tick if agree with the above statement <input type="checkbox"/>	Tick if agree with the above statement <input type="checkbox"/>

Parent/Guardian Signature: _____ **Date:** _____

Other Information

Policy Statement

Te Pito o te Puna Wai o Waipapa/Hagley Community Preschool has policies that set out the procedures that are in place for the care and education of the children who attend.

Our policies are available to you at any time, please ask at the office. When policies are reviewed, we value your input and use a variety of ways to gain your comments and feedback (e.g. distributing draft copies, use of parent surveys, invite to comment via Educa).

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.

- I accept that the preschool cannot care for sick children.
- I acknowledge that it is my responsibility to apply for and renew where necessary, the WINZ childcare subsidy for my child.
- I agree to keep all fee payments up to date and to pay for all booked hours, including statutory holidays
- I agree to sign my child in on the tablet daily for attendance purposes.
- I agree to abide by the Procedure for Bookings, Attendance and Fees.
- All booked times must be adhered to unless through prior arrangement with the Director.

We acknowledge that, as parents/guardians, you know your child best and we value your input into the care and education of your child. Please feel free to speak to a member of staff at any time, as we are always happy to share information with you regarding your child.

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 Te Pito o te Puna Wai o Waipapa/Hagley Community Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Name: _____ **Designation:** _____

Service Provider Signature: _____ **Date:** _____

Office Use Only

Discover account

Playground account

Educa account

Profile book

Allergy Labels if required

