

19 Kahu Crescent
Te Rapa Hamilton



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**:
(please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name: _____ Given
name: _____

Official identity verification document* sighted by staff:

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

Staff name & 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:

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 <https://www.nzqa.govt.nz/login/national-student-number-nsn/>

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:
Is this the email for invoicing purposes? Yes/No <i>Please supply email address so you can receive invoices and newsletters. If you do not have access to an email please let our office know</i>	Is this the email for invoicing purposes? Yes/No <i>Please supply email address so you can receive invoices and newsletters. If you do not have access to an email please let our office know</i>
Occupation:	Occupation:
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:

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 cannot pick up your child:**

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:

Child's doctor:

Name:

Phone:

Name of medical centre:

Health

PLEASE NOTE: Children with severe food allergies will need to supply their own food.

Does your child have food allergies that we need to be aware of *Tick one* Yes No

Details:-

Does your child have any special diet we need to be aware of *Tick one* Yes No

Details:-

Does your child have allergies other than food allergies *Tick one* Yes No

Details:-

Is your child up-to-date with immunisations? *Tick One* Yes No

For staff: Immunisation records sighted and details recorded: *Tick One* Yes No

Does your child have any chronic illness/condition? *Tick One* Yes No

Details:-

If yes, are there any implications or actions to be followed? *Tick One* Yes No

Details:-

For staff: Details documented and action plan implemented (if required). *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,

- | | |
|---------------------|------------------------------------|
| ▪ Arnica Cream | ▪ Anthisan (insect bite treatment) |
| ▪ Antiseptic Liquid | ▪ Baby Nappy Balm - Ecostore |

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

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: ____ / ____ / ____

◆ 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.
- If your child is absent for three weeks or more funding will cease on the fourth week and you will be liable to pay the non-funded child daily rate as per fee schedule. If your child is absent because of sickness then a medical certificate will need to be supplied for funding to continue, until normal bookings commence.

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 Kids Cave Early Learning.

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

◆ Financial Details.

Please circle person to invoice: **Mother/Father/Guardian/Other -**

Name: _____

Email address: _____

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Kids Cave Early Learning is **not** open on the following public holidays if they fall on a week day

New Year's Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Labour Day	<input type="checkbox"/>
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Waitangi Day	<input type="checkbox"/>	Queen's Birthday	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Matariki	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>

Other information

- **Policy Statement:** Kids Cave Early Learning 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 in policy reviews.
- **Parent Information 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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences. During your visit you will be given an "all about me" form to complete.
- **Sun Block:** **I give** permission for my child to have centre sunscreen applied while attending the centre at of charge \$10 per term. Sunblock is applied in term one and four.
- **Emergency:** in case of injury, should we not be able to contact you immediately, **do you or do you not** give us permission to take your child to the doctor / hospital by car / ambulance, and take the course of action prescribed by the doctor. Emergency procedure is as per our health and safety policy.

Required permission for...

- **Excursions:** I give/do not give permission for my child to be taken on impromptu walks in the vicinity of the centre, and permission for my child to take part in excursions outside the vicinity of the centre. Under the conditions stated in the services excursion policy, which states the following: -
- When children travel in a car there will be two adults if there are more than 3 children in the car and each child will use an approved child restraint.
- When children are taken on excursions the group ratio will be:
 - Nikau Room 1:3
 - Kowhai Room 1:4
 - Kauri Room 1:6
 - excursions near water 1:2 under twos
 - over two years old 1:4)
- Prior to children leaving the premises on an excursion, an assessment and management of risk is undertaken.
-
- **Photo/video:** I give/ do not give permission for my child to be photographed for the purposes of assessment, planning and evaluation, and portfolios. This permission extends to students who need photos and documentation for their assignments, with the understanding that all documentation and photos will only be shown to tutors at their learning institute.
- **Facebook/Website:** I give / do not give permission for my child's photo to be on Kids Cave Facebook and website.
- **Birthday parties:** I understand that the centre cannot guarantee that my child will be excluded from any photos or footage taken by parents on their child's birthday celebrations at the centre. I understand all photos and footage taken by parents will be approved by teachers before parents leave the centre.
- **Hearing and Vision Screening:** These are undertaken by the Ministry of Health once your child is four. A district nurse will come into the centre and undertake basic screening; they will leave a notice of any further action required, Vision and hearing screenings are undertaken in every childcare and Kindergarten in New Zealand. I give/ do not give permission for these vision and hearing checks.

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

I have brought along a copy of my child's birth certificate, passport or a form of identification.

I have brought along a copy of my child's immunisation records. (if applicable)

By signing this form, I agree to all terms and conditions of the centre which are located in the parent information pack.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Service Declaration

On behalf of Kids Cave Early Learning, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____