



## Enrolment Agreement Form

**PAKURANGA LEARNING 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 parents official identity verification document\* collected by staff:

 Proof of address NZ Drivers licence Passport**Staff initials:** \_\_\_\_\_

Copy of child's 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: [eli.education.govt.nz](http://eli.education.govt.nz)

\* Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://eli.education.govt.nz)

**The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.**

**Parents / Guardians:**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Phone (Work):	Phone (Work):
Profession:	Profession:
Email:	Email:
Relationship to child:	Relationship to child:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Phone (Work):	Phone (Work):
Profession:	Profession:
Email:	Email:
Relationship to child:	Relationship to child:

**Additional person/s who can pick up your child:**

<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

**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 any court order is required)**Person/s who cannot pick up your child:**

Name:	Name:
Name:	Name:



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

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:
Email:	Email:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:
Email:	Email:

**Child's doctor:**

Name:	Phone:
Name of medical centre:	
Address of medical centre:	

**Health**

Illness/allergies:
Is your child up-to-date with immunisations? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)
<b>For staff:</b> Immunisation records sighted, copies obtained: <i>Tick One</i> 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.

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:**

- |                |                 |
|----------------|-----------------|
| ▪ Arnica Cream | ▪ Savlon Lotion |
| ▪ Sting Cream  | ▪               |

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>◆ Enrolment Details:</b>						
Date of Enrolment: ___ / ___ / ___    Date of Entry: ___ / ___ / ___    Date of Exit: ___ / ___ / ___						
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature: _____			Date: ___ / ___ / ___			

<b>◆ 20 Hours ECE Attestation:</b>	
1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>	
Parent/Guardian Signature: _____    Date: ___ / ___ / ___	

<b>◆ Dual Enrolment Declaration</b>
I hereby declare that my child <b>is / is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at Pakuranga Learning Centre.
Parent/Guardian Signature: _____    Date: ___ / ___ / ___

**◆ Statutory Holidays / Term Breaks**

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

Pakuranga Learning Centre is **NOT** open on any of the following public holidays.

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

**Required Information for Licensing Purposes****▪ Excursions:**

I give permission for my child to go on local outings / trips where there is a ratio as per our Excursion Policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**▪ Photo/video:**

I give permission for my child to have unnamed photos on the centre website. I give permission for my child to be photographed for the purposes of assessment, planning and evaluation and records kept.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Other information**

- Policy Statement:** Pakuranga Learning 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 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.
- 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 Pakuranga Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**◆ Parent / Guardian Agreement**

Please indicate your agreement or otherwise with the items listed below by placing a tick alongside each item in the table, and sign below to confirm your agreement.

- I understand and agree that in the event of a medical emergency, the Centre Staff will seek such advice or treatment as it deems necessary in my child's best interest if unable to contact me**
- I agree that I will not bring my child to the Centre when they are suffering from any condition that is capable of being transmitted to other children
- I give permission for the Centre staff to change my child's soiled or wet clothing when necessary**
- I give permission for my child to go on walks or short outings from the Centre. Details of these walks will be recorded in the daily dairy including who is accompanying the children as per our Excursion Policy
- I understand that full fees are still payable when my child is absent for whatever reason and for Statutory holidays as explained in the Fees Schedule and Payment Policy**
- I understand that fees are to be paid weekly at least 1 week in advance by automatic payment, direct debit or bank debit. Overdue fees trigger the implementation of the Fees Schedule and Payment Policy which includes a 10% penalty on fees overdue by 7 days
- I understand and agree to pay all costs incurred in the collection of the debt on unpaid or overdue fees, such as legal costs, court fees, debt collection commissions etc**
- I understand that the Centre staff are required to observe my child while attending the Centre, record these observations in writing and use these observations in programme planning to meet the individual needs of my child
- I understand that the Centre staff members are required to photograph my child while attending the Centre, record these photographs within the Centre and in my child's paper and e-portfolio**
- I understand that from time to time teachers-in-training will observe and photograph my child, and use the observations and photographs in their assignments and placement reports
- I am responsible for ensuring that my child gets to and from the Centre safely and timely**
- I give permission for my child's image to be used on the Centre's website, Facebook, Twitter, Google and print media. I understand that surnames will not be used alongside any photo
- I have read this agreement together with the Parent Handbook Enrolment Package, and agree to accept the conditions stated there and to abide by all the policies of the Centre**
- I confirm that information supplied on this enrolment form is true and correct, and that all information that may have a bearing on the enrolment of my child has been disclosed, whether specifically asked or not

**◆ Parent/Guardian Agreement**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**◆ Service Declaration**

This above section has been checked and all tick boxes have been filled in.

Service Provider 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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**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_