



**Pakuranga Learning Centre, 33B Ben Lomond Crescent, Pakuranga**

◆ **Child's details**

◆ **NSN: (For Office use)**

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:          /          /            

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 2020**. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

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.**

Any changes to this form **must** be signed and dated by the parent/guardian.

◆ 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 (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Occupation:	Occupation:
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 (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Occupation:	Occupation:
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 (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

◆ Custodial Statement	
Are there any custodial arrangements concerning your child? <b>YES / NO</b> (circle one)	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

Any changes to this form **must** be signed and dated by the parent/guardian.

◆ 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 (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

◆ Child's Doctor	
Name:	Phone:
Name of Medical Centre	
Address:	

◆ Health	
Illness/allergies:	
Is your child up to date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
<b>For staff:</b> Immunisation records sighted, and details recorded	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

◆ Medicine	
<b>Category (i) Medicines</b>	
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 <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
<ul style="list-style-type: none"> <li>▪ Sunscreen SPF 30 +</li> </ul>	<ul style="list-style-type: none"> <li>▪ B &amp; M - Zinc and castor oil ointment (Nappy Rash Cream provided by Parent)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Antiseptic cream (Savlon)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Insect bite treatment</li> </ul>
<ul style="list-style-type: none"> <li>▪ Arnica cream</li> </ul>	
Parent/Guardian Signature: _____	Date: ____/____/____

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

◆ Enrolment Details						
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 is <b>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: ___/___/___						

◆ 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?	
<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: ___/___/___

◆ Dual Enrolment Declaration	
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: ___/___/___

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## ◆ Optional Charges

1. The optional charge is for: (give details of specific activities or items, and their costs)
  - longer Session times.
  - An optional charge will only be requested for trips/excursions when:
    - there is a direct cost such as 'entry fee' associated with the excursion and/or
    - travel is required to get to the destination, specifically not covered by walking.
  - Any optional charges will only be for educational excursions and care of the children and will be separated out and measured.
2. I understand that when I agree to pay for the optional charge, Pakuranga Learning Centre may enforce payment.
3. The agreement to pay the optional charge will last for the entire time of the child's enrolment.
4. The rules about making changes to the agreement are
  - you must give one week notice in writing for changes to booked hours, if you wish to increase or decrease the hours/days your child is booked for
5. I understand that optional charge is not compulsory and if I choose not to pay there will be no penalty.
6. I **agree / do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

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

## ◆ Statutory Holidays / Term Breaks

Pakuranga Learning Centre is **closed** on all statutory holidays if it falls on a weekday. Fee is payable. The Centre is open during school term breaks.

## ◆ General

- **Policy Statement:** Pakuranga Learning Centre has several 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 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.
- **Transitional School Visits:** Information on transition arrangements will be given time appropriate.
- **Corresponding School Enrolment:** Provide you details of corresponding school agreement.
- **Fee Schedule and Terms & Conditions:** Please ensure you have read the Fees Schedule and Terms & Conditions before signing this form. Fees is charged for the whole year even when your child is unwell or away. Feel free to ask about 20 free ECE hours or WINZ subsidies that may be available for your child/ren. By signing this enrolment form, you agree to the terms of trade of Pakuranga Learning Centre and understand that any cost incurred in the recovery of overdue fees including legal fees will be payable by you.
- **Privacy Statement:** All personal information about your child is kept securely and remains confidential. Please read our Privacy Policy available along with all other policies at the Centre.
- **Child's strengths, interests and preferences:** Tell us about your child's strengths, interests and preferences as this will help us know him / her better.

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## ◆ Required Information for Licensing Purposes

- **Excursions:** I give permission for the child to take part in regular excursions within 1 km radius of the centre. From the risk assessment of destinations for regular excursions the planned ratio of 1:4 infants, 1:8 toddlers and 1:10 for young children will be the maximum, which will not be exceeded and 1:1 around water. **YES / NO (Circle one)**
- I give permission for my phone numbers, emergency contact persons and their phone numbers to be added to the Centre's mobile phone contact list. **YES / NO (Circle one)**
- I have read and understood the Positive Guidance for Parent which gives discretion for Pakuranga Learning Centre to act within their policies, If the inappropriate behaviour persists even after the behaviour action plan, Pakuranga Learning Centre will request the parent to disenroll the child. **YES / NO (Circle one)**
- I have viewed the sleeping facilities and read the sleeping policy. **YES / NO (Circle one)**
- **Photo/video:** permission for the child to be photographed and videoed for the purposes of assessment, planning and evaluation. **YES / NO (Circle one)**
- I give permission for photographs or videos of my child to be used on the Centre's website, Instagram and newsletters. **YES / NO (Circle one)**
- I give permission for my child to be photographed, observed, evaluated and photos displayed at the centre. I also agree to records about my child (as per Ministry requirements) being kept. **YES / NO (Circle one)**
- I give permission to Pakuranga Learning Centre to share or post photos / videos / first name of my child on the Facebook page. **YES / NO (Circle one)**
- I hereby authorise Pakuranga Learning Centre to seek medical advice for my child in the event of illness or accident, as the supervisor may think necessary for the best welfare of my child. **YES / NO (Circle one)**
- I hereby give permission for my child to use all play equipment indoor and outdoor, considered appropriate to his/her age level and to participate in all activities of Pakuranga Learning Centre. **YES / NO (Circle one)**
- I give permission for my child to be involved in food activities at the Centre. **YES / NO (Circle one)**
- **B4 School Hearing and Vision Checks:** Vision and Hearing technicians will visit our centre to check the hearing and vision of four-year-old children who have not been seen for the above checks or require re-checks from a previous visit. Every child's name, date of birth and National Health Index (NHI) number will be recorded by the technician and stored in the B4 School Check national information system, along with the results of the check.
- I consent to my child taking part in the B4 School Hearing and Vision Checks. **YES / NO (Circle one)**
- I give permission for my child's birth date to be displayed on the birthday list. **YES / NO (Circle one)**
- I agree that the above arrangements are in effect as long as my child is enrolled at Pakuranga Learning Centre unless I notify the Centre in writing of any changes **YES / NO (Circle one)**

## ◆ Terms and Conditions

- I agree to pay all the tuition fees weekly in advance as per the Centre's current Fees Schedule or as revised with a due notice from time to time and other dues payable to Pakuranga Learning Centre, and to pay the fees even if the child is absent from the Centre for being sick, away on holiday or any other reason including Statutory Holidays, as per the Centre's Policies. Any cost incurred in the recovery of overdue fees including legal fees will be payable by me.
- I agree that the enrolled days cannot be swapped, even if it is a holiday on an enrolled day, and I must give at least one week's written notice to make changes to my child's enrolment.
- I agree to inform the Centre if my child is going to be absent and for any absence of more than three days supported by a medical certificate from your doctor, as per Ministry of Education requirement.

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- The Centre allows for a 2-week holiday. During the holiday period (Dec - Jan) only 50% fees will be charged of the normal fee. I agree that I must give two weeks' notice prior to the holiday to avail of this eligibility.
- I agree to give at least two-week written notice for termination of my child's enrolment or must pay two weeks' fee in lieu.
- I understand and agree that my child must attend the Centre for the number of days and hours he/she is booked for, and in case of frequent absences or less hours of attendance, penalties can occur.
- I agree to the Terms and Conditions of the enrolment of my child and this is a binding contract between Pakuranga Learning Centre (the Provider of Service) and the signatory of this contract (you).
- I authorized the Centre to show and communicate all the information in this form to their associates, authorized representatives of the Ministry of Education, Auditors, Review Authorities, and Staff of Centre. (The Centre practices a strict Privacy Policy to safeguard the information provided to them, however, we cannot hold responsible staff or other persons in breach of their confidentiality agreement or irresponsible use of information.)
- I confirm that I have read and understood all the policies set forth by Pakuranga Learning Centre and the information provided therein, and all the information provided in the Parent Handbook.
- I understand to give written permission in order to leave my child at the Centre when he/she arrives sleeping.
- I understand that Pakuranga Learning Centre is a NUT FREE ZONE.
- I understand that CCTV cameras are in use throughout the Centre, including the outdoor area for the security and protection of staff, children and property and agree on its use.
- I understand that I need to make sure that my child/children do not wear any valuable jewellery while attending Pakuranga Learning Centre. (We discourage the wearing of items around the neck, wrist or body at sleep time due to safety reasons. In case of jewellery that carries significance such as cultural necklaces (hei taonga), kada (religious for Sikh) and amber beads, discussions need to take place with the parents / guardians to see what practice takes at home.)

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

#### ◆ 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, this form has been checked and all relevant sections have been completed.

Authorised Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Photo ID Details of Parents Sighted and Copied [ ]	Child's Birth Cert / Passport Sighted and Copied [ ]
Child's Plunket Book Sighted and Copied [ ]	Individual Health Plan completed and signed [ ]
Immunisation Register Sighted and Copied [ ]	20 ECE Hours Attestation completed [ ]

Enrolment Type: FT / PT / ECE20 FT / SESSIONAL: \_\_\_\_\_

Fee Confirmed by Direct Debit / Auto Payment / Cash: \_\_\_\_\_ Weekly Fee Amount: \$ \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Remark: \_\_\_\_\_

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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: ____/____/____						

Any changes to this form **must** be signed and dated by the parent/guardian.