



Enrolment Information, **20 Hours ECE** Enrolment Hours and Attestation Information for Early Childhood Education Services

To enrol your child at KidzWay Early Learning Centre, please provide the information as requested in this enrolment form, sign the declaration/attestation at the end of the agreement (in pen), and provide a signed copy of the agreement to us. Any changes and signatures must be made in pen (according to Ministry of Education Funding Handbook 11-1 Record Keeping requirements).

By doing so, you are entering into an agreement with us that:

- we will enrol your child with us and provide early childhood services to them; and
- you as parents/guardians have certain responsibilities as set out in this agreement & our policies.

If any of the information provided by you in this agreement changes or is going to change, including contact details, information about your child's health, and information about your child's hours of attendance at our service, please advise us as soon as possible of the change.

The term of this agreement, and your child's enrolment in our service, is from the Date of Enrolment to the Intended Date of Exit set out in this agreement. However, in some limited circumstances as described in this agreement, we may need to end your child's enrolment with us early or change the hours of enrolment.

We may make changes to the terms of this agreement, and to our policies, from time-to-time. We will give you reasonable notice (to the extent possible and in the circumstances) of any such changes.

All fields in grey are for staff use only.

Child's Details				
National Student Number (NSN), if known:				
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:		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Child's date of birth: dd / mm / yyyy
Child's primary residential address:				
Post Code:				
Official Identification verification documents sighted by staff:				
Please note, identity verification documents are sighted only. All documents will be returned to parents / guardians. Tick one.				
New Zealand birth certificate	Foreign birth certificate	New Zealand passport	Foreign passport	Other
Date sighted	dd / mm / yyyy	Staff member name		

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

Child's ethnic origins:	Iwi your child belongs to:	Language(s) spoken at home:

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 (Principle 3).

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 allow the Minister or Secretary for 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.

Parent/Guardian Details

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:

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

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:	Phone:
Relationship to child:	Relationship to child:
Emergency Contacts (also able to pick up child)	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone:	Phone:
Relationship to child:	Relationship to child:
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone:	Phone:
Relationship to child:	Relationship to child:
Custodial Statement	
Are there any custodial arrangements concerning your child? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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:
Please advise us immediately if there are any changes to custodial arrangements concerning your child, or to the persons who cannot pick up your child, including because of court orders.	

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

Person responsible for paying your fees				
First name		Surname		
Relationship to child				
Email				
Phone (h)		Phone (w)		Phone (m)
Address				
		Post code		
2 nd Person responsible for paying your fees (in case of split accounts)				
If applicable, please fill in:				
First name		Surname		
Relationship to child				
Email				
Phone (h)		Phone (w)		Phone (m)
Address				
		Post code		
Child's Doctor				
Name:		Phone:		
Name of medical centre:				
Address of medical centre:				
In the unlikely event of a medical emergency, I understand my child will be given basic First Aid treatment by centre staff and if necessary, taken to hospital in an ambulance. Parents or a contact person will be notified immediately.				
Child's Health				
Does your child have any specific illness or medical condition, allergies or dietary requirements? Tick One YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes , please specify/provide details. See further below in Medicine ; Category (iii) Medicines.				
Specific Illness/Medical Condition/Allergy	What Happens	Action to be taken		
Child's Immunisation Record				
Please provide verification of all immunisations.				
Early childhood services are required, as per the Health (Immunisation) Regulations 1995, to ask parents or guardians of a child to provide the Immunisation Certificate for each child attending their service and record the information from the Immunisation Certificate – or the fact that it was not shown – on the immunisation register.				
Is your child up-to-date with immunisations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide verification of all immunisations.				
Immunisation records sighted and details recorded:	Yes		No	

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

Special Needs / Challenging Behaviours / Specialist Services:

1. Does your child have any special needs or challenging behaviours? Tick One Yes No
 If yes, please provide details.

2. Is your child getting any help or support from any specialist services? Tick One Yes No
 If yes, please provide details.

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: Any Category (i) medicines used on your child will be documented in the Non-Serious Accident and Illness Register.

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 while at KidzWay Early Learning Centre: (please tick)

- | | |
|--|--|
| ▪ Natro-Pharm Arnica Cream Yes <input type="checkbox"/> No <input type="checkbox"/> | ▪ Anthisan Cream – for relief of insect bites and stings Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

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: ____ / ____ / ____

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Sunscreen:

We supply sunscreen for the children and apply this twice a day before the children go outside in the mornings and in the afternoons. The brand we use is Smart365 (SPF 50+, 4-hour water resistant.)

Do you approve of our sunscreen, Smart365, to be used on your child? *Tick One* Yes No

Special instructions for application of sunscreen:

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

Enrolment Details:

KidzWay Early Learning Centre undertakes to deliver quality early childhood education and care to your child in accordance with our Philosophy Statement, while ensuring the adults working in our service are healthy and similarly kept safe in accordance with our responsibilities under the Health & Safety at Work Act 2015. The service provider is required to eliminate and/or minimise risks to health and safety so far as is reasonably practicable.

The term of this agreement, and your child's enrolment in our service, is from the Date of Enrolment to the Intended Date of Exit set out below. However, the continued enrolment of your child until the Intended Date of Exit (often the child's 5th birthday) is not guaranteed.

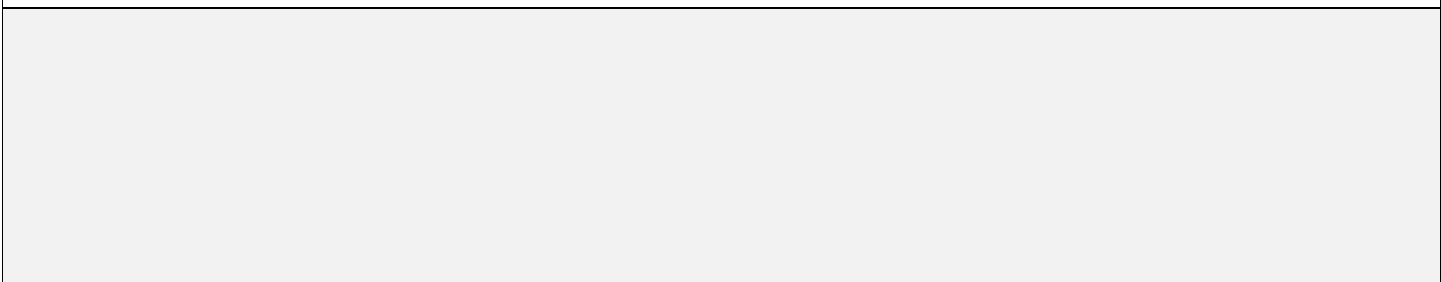
You may end your child's enrolment with us, and this agreement, at any time by notifying us in accordance with our enrolment policy. **There is a minimum of two weeks' notice for cancellation of enrolment.**

As set out, we may review your child's enrolment with us, and may end their enrolment, and this agreement before the Intended Date of Exit:

- if you have not paid fees
- because of ongoing absences that have affected the funding we receive for your child (if applicable)
- if we consider that this would be in the best interests of the child, other children at the centre or the adults working in our service.

We will always make reasonable efforts to work with you to resolve any issues that have arisen before ending your child's enrolment early for one of the reasons set out above. We will give you reasonable notice (to the extent possible, and in the circumstances) if we decide to end your child's enrolment before the Intended Date of Exit.

The enrolment of your child in our services is also dependent on the service continuing to be licensed, operational, and fully compliant with regulatory requirements including legal obligations in the Health and Safety at Work Act 2015.



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

Enrolment Details

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Intended Date of Exit: ___ / ___ / ___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:

20 Hours ECE

Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and there are **no** compulsory fees when a child is receiving 20 Hours ECE funding.

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. Do you want your child to receive 20 Hours ECE for up to six hours per day, 20 hours per week at this centre?

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 KidzWay Early Learning Centre 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 section.

You will need to verify your child's attendance at our service for each day that they are enrolled.

Please advise us immediately if there are any changes to your child's enrolment details, including their intended hours of attendance, and whether you want your child to receive 20 Hours ECE. Any changes must be made in pen and dated.

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 KidzWay Early Learning Centre.

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

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

Optional Charge

- The optional charge is for:
 - **Provision of Sunscreen at the cost of \$2.00 charged at the start of Term 1 and \$2.00 charged at the start of Term 4 each year.**
- I understand that if I agree to pay for the optional charge, KidzWay Early Learning Centre may enforce payment.
- The agreement to pay the optional charge will last for the entire time your child is enrolled here at KidzWay Early Learning Centre.
- The rules about making changes to the agreement are:
 - That should you at any time decide you no longer want the Centre to provide sunscreen for your child, you will inform us by the end of Term 3.
- I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty. "No penalty" means your enrolment will not be affected in any way, but you will provide your child's sunscreen.
- 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: ____ / ____ / ____

Family Boost Rebate Scheme

I require a statement of paid childcare fees for my household OR for shared care two individual statements can be provided. Parents / guardians understand that unpaid invoices do not qualify.	One / Two
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Work and Income Childcare Subsidy

I am applying for a Work and Income Childcare Subsidy prior to my child starting at this Centre	Yes / No
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If yes, I understand that even if eligible for a Work and Income Childcare Subsidy I am responsible for paying my fees in full until my subsidy is approved.
 I understand that I am responsible for any fees not covered by my subsidy.
 I am responsible for ensuring Work and Income is kept informed of any changes that may affect my subsidy.
 Any over-payment made by Work and Income will not be offset against any outstanding balance or paid out to the person responsible for payment of fees.
 I confirm that I have made a full application for a subsidy prior to my child starting at KidzWay Early Learning Centre.

Application date: _____

Absences

You must advise us of any absences, whether planned or unplanned, including because your child is sick or has an injury, will be away for holidays (outside of any holidays where the centre is closed), or any other reason.

Continuous or frequent absences impact on the funding that we get from the Ministry of Education.

- A continuous absence is when an enrolled child is absent for a period of more than three weeks.
- A frequent absence is when an enrolled child's actual attendance in a month does not match their enrolled hours for at least half of that month.

As set out in this agreement and our enrolment policy, we may review this enrolment agreement with you because of continuous or frequent absences. We may ask you to reconfirm your child's hours or enrolment or change the hours of enrolment. In some cases, we may end your child's enrolment with us early (before the Intended Date of Exit) because of continuous or frequent absences.

We will always make reasonable efforts to work with you to resolve any ongoing absence issues, and will give you reasonable notice (to the extent possible, in the circumstances) if we decide to end your child's enrolment early. Alternatively, we may charge you an additional fee to help cover the costs of any reduction in our funding due to continuous or frequent absences, as set out in our Fees Schedule. The charge for Sustained Absences is equal to the loss of funding per day, and is charged in addition to the usual fees you pay for your child's enrolment at our centre (including for those days on which your child was absent).

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

Required Information for Licensing Purposes

I give management and staff of KidzWay Early Learning Centre the authority:

- For my child to take part in short walks from the Centre (under the conditions stated in the excursions policy) YES NO
- Photo/video: permission for my child to be photographed for the purposes of assessment, planning and evaluation YES NO
- To photograph my child for public relations purposes (including our website) YES NO
- For staff and students in training to observe my child for programme and planning YES NO
- To administer medication provided by me/us for my child YES NO
- In the event of an accident, to seek medical advice and or attention as KidzWay may think necessary for my child's best interest. YES NO
- To provide information to my child's selected primary school that will aid them with their transition to School YES NO
- To share information about my child's additional support needs to the Preschool Learning Support Register (please read and sign sheet attached) YES NO
- I/We have read and accepted the "Sleeping Children Procedure" as per parent information booklet.
- I/We have read and accepted the information contained in the parent information booklet and/or our website (www.kidzway.co.nz) including notes on procedures.
- I/We agree to respect the confidentiality of other families by not reading other children's Profile Books without permission from that child's parents.
- I/We agree to inform management if my/our details change.
- I/We have read and understand the Privacy Statement on page 2 of this enrolment agreement.

Parent /Guardian signature: _____ Date: ____/____/____

Fee Agreement

- I/We agree to pay the fees charged for my child's enrolment at KidzWay fortnightly in accordance with the Fee Schedule.
- I/We understand the fees procedures and fee schedule which is on display in the KidzWay foyer, our parent handbook as well as our website (www.kidzway.co.nz) to refer to at my/our convenience.
- I/We know I/we will be charged for booked days that my/our child does not attend due to illness or absence. I/We also understand that in the event of loss of Ministry funding due to my child's frequent or continuous absence, KidzWay will recover this loss by charging me/us accordingly. (Please refer to our fee schedule for information on sick days, late pick up penalties, absences and cancellation of enrolments.)
- I/We agree to pay outstanding fees to KidzWay by the due date and understand that, if I/we fail to do so, I/we will be liable for any additional debt collection costs, and that KidzWay may review my child's ongoing enrolment and end that enrolment early if I do not pay fees owed.

Parent /Guardian signature: _____ Date: ____/____/____

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

Statutory Holidays / Term Breaks

KidzWay Early Learning Centre is CLOSED on all Statutory Holidays. We observe Otago Anniversary Day and we close for 3 weeks over the Christmas / New Year period. You will be advised of the closure dates at the beginning of Term 4 each year. This enrolment agreement is **inclusive** of all school term breaks, except for the three weeks we are closed over Christmas/New Year period.

Additional Information for Licensing Purposes

- **Policy Statement:** KidzWay Early 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 or on our website (www.kidzway.co.nz). Both cover 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 by filling out the "**Whanaungatanga / All About Me**" sheet.

Parent Declaration

- 1) I declare that all the above information is true and correct to the best of my knowledge.
- 2) I attest to the 20 Hours enrolment hours detailed in this agreement. I will verify my child's attendances as required by the Centre and the Ministry of Education, and notify absences (planned or unplanned, including due to illness or injury) as required.

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

Service Declaration

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

Service Provider Signature: _____ Date: ____ / ____ / ____

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

Learning Support Register Consent Form

Our Early Learning service is part of a group of educational providers that shares information to:

- Identify children and young people who might need additional learning support
- Ensure that the adults who work with children (such as teachers or teacher aides) have the skills and resources they need to support them.
- Decide what additional learning support would help children and young people, whether individually or in groups.

The Ministry of Education may use information on the register for the purpose of administration and analyses, for example to find out about the overall numbers of children requiring specific types of support. This will allow the Ministry to plan ahead for numbers of staff and specialists, and other services and types of support.

What Information we will share

The members of our group of education providers and the Ministry of Education share information for a collective learning support register that contains:

- Name, gender, and ethnicity to identify support that reflects the child’s identity, language and culture
- Date of birth and year level, to identify support that is appropriate to their age
- The type of support needed
- Any health issue, disability or learning difficulty that means a child needs particular types of support.
- Services and support they are already receiving
- Any other information you think may be needed in the register

If you agree, we will put information about your child’s additional support needs on the Preschool Learning Support Register.

Who will see the information?

Only a small group of people will have access to the register for the purposes explained in the first paragraph. It will include a preschool staff member responsible for learning support, a speech language therapist, a public health nurse and an early intervention teacher. These people will meet regularly to discuss the register and how best to respond to the needs of children and young people on the register. We will seek your agreement if other organisations need to be involved.

I agree to personal information about _____ (child’s name) being included in the register and the information being shared with the group of people listed for the purposes explained above.

Signed _____ Date: _____

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