



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

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:

Original official identity verification document (please tick) sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____ **Date:** _____

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:

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 purpose of monitoring and licensing.

* A National Student Number is a unique identifier for you 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.

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

| 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: |
| 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: | Phone: |
| 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 <u>cannot</u> pick up your child: | |
| Name: | Name: |
| Name: | Name: |

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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: |

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| Child's Doctor: | |
|-------------------------|--------|
| Name: | Phone: |
| Name of medical centre: | |

| Health: | | |
|--|---|---------------------------|
| 1. Has your child taken part in the B4 School Check for four-year-olds? If yes, please state where and when : | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| _____ | | |
| 2. Does your child have any illness/allergies? e.g. food, insect, grasses, sunscreen. | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Allergy | What happens? | Action to be taken |
| | | |
| | | |
| 3. Is your child up-to-date with immunisations? | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (Please provide verification of all immunisations) | | |
| For staff: Immunisation records sighted and details recorded: | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| Medical Conditions: | |
|--|---|
| Does your child have any medical conditions? If yes, please provide details. See further below in Medicine ; Category (iii) Medicines. | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| | |

| Special Needs / Challenging Behaviours / Specialist Services: | |
|---|---|
| 1. Does your child have any special needs or challenging behaviours? If yes, please provide details. | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| 2. Is your child getting any help or support from any specialist services? If yes, please provide details. | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |

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| | |
|--|--|
| 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? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Name/s of specific category (i) medicines that can be used on my child while at KidzWay Early Learning Centre: (please tick) | |
| <ul style="list-style-type: none"> ▪ Natro-Pharm Arnica Cream Yes <input type="checkbox"/> No <input type="checkbox"/> | <ul style="list-style-type: none"> ▪ Sunscreen Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <ul style="list-style-type: none"> ▪ Anthisan Cream – for relief of insect bites and stings Yes <input type="checkbox"/> No <input type="checkbox"/> | Special instructions for application of sunscreen: _____ |
| 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: <i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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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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: ____/____/____

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.

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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 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.

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

Fee Agreement

- **I/We agree that fees are to be paid fortnightly in accordance with our Fee Payment Practice, and I/we understand that my/our account must be kept up to date to ensure a placement for my/our child.**
- **I/We understand the fees procedures, and I/we agree to pay the fees on the basis of our 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 your 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 MoE funding due to my child's frequent or continuous absence, KidzWay will recover this loss by charging me/us accordingly.** Please also refer to our fee schedule for information on sick days, late pick up penalties, absences and cancellation of enrolments.
- **I/We understand that if our account remains unpaid and it is passed onto a Debt Collecting Agency that I/We will be liable for any costs incurred.**
- I/We understand that casual bookings must be paid for on the day.

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

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Other information:

- **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

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

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

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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: _____

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