



Confidential.

OFFICE USE ONLY: Registration entered on Infocare Enrolment/Attestation entered on Infocare

Date of enrolment Date of Entry Date of Exit

◆ **Child's details:** **How did you hear about us?**
 What made you choose us?

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: dd / mm / yyyy

Male Female

Child's nationality/ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address and postcode:

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

* Information about acceptable identity verification documents is available online at 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:			
1. Given names:	Date of Birth:	2. Given names:	Date of Birth:
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 (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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:

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

This is for medical or civil defence emergencies.

Not your main caregivers, and if possible they should live nearby.

They may be the same people who are authorised to collect your child.

They need to know you have added them.

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:
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:

Child's doctor:

Name:	Phone:
Name of medical centre:	

Health

Illness/Allergies:

Does your child have learning or development need?
Please give details.

Name any support people or organisations that are currently
Working with your child (eg speech therapist)

Is your child up-to-date with immunisations? (Please provide verification of all immunisations)	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any special dietary requirements?					
For staff: Immunisation records sighted and details recorded:	<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.	
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?	<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, provided by service:	
<ul style="list-style-type: none"> ▪ Arnica ▪ Insect Repellent 	<ul style="list-style-type: none"> ▪ Insect Bite Treatment ▪ 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: ____ / ____ / ____

Centre Use: Has a health plan and/or Category iii Form been completed

◆ 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?	<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"> ▪ 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 Te Whare Ako 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. 	
Parent/Guardian Signature: _____ Date: ___ / ___ / ___	

PLEASE NOTE: This enrolment agreement is only relevant to the times that Te Whare Ako is open during the year. 20 Hours ECE is for up to 6 hours per day, up to 20 hours per week and there are no compulsory fees when a child is receiving 20 hours ECE funding.

◆ 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 [insert name of service].
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

◆ Optional Charges:
1. The optional charge is for:
▪ Occasional excursions
▪ Wet bag
2. I understand that if I agree to pay for the optional charge, Te Whare Ako may enforce payment.
3. The agreement to pay the optional charge will last for: Time of enrolment
4. The rules about making changes to the agreement are:
▪ Two weeks' notice by either party
5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.
6. I agree/do not agree (<i>select one</i>) to pay the optional charge for the activities/items specified in this enrolment agreement form.
Parent/Guardian Signature: _____ Date: ____ / ____ / ____
◆ Statutory Holidays / Term Breaks
This enrolment agreement is inclusive of school term breaks.

DECLARATION OF UNDERSTANDING

All personal information on your child will be kept securely and remain confidential:	
I give permission for teachers to change my child's wet or soiled clothing when necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission to obtain medical treatment for my child in an emergency and I accept responsibility for the expenses incurred.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the Sleeping Policy and seen the sleeping /rest facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to be photographed or videoed as part of Te Whare Ako's documentation of learning.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for photographs/video of my child to be used for publicity purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child may use ICT equipment to support their early childhood education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child's portfolio will be accessible to my child and my family. I confirm that I will respect the confidentiality of other children's documentation. I understand that Te Whare Ako use Storypark to document my child's learning.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for samples of my child's work to be used in displays at Te Whare Ako, Weltec or in the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the Te Whare Ako's excursion policy, and blanket form for the library and around the Weltec/Petone Rec environment and agree to the adult: child ratios for short walks as described in this, and therefore I give permission for my child to go on short walks with the teachers in the area around Te Whare Ako.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I will be required to give written consent for any excursion in which my child is required to travel by motor vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child may be taken to an alternative location during an emergency. This might be C305, a local civil defence centre, or another safe place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that teachers are responsible for my child only during their enrolled times and that I am responsible for seeing my child gets safely to and from Te Whare Ako.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature:	Relationship to child:
	Date:

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement: Te Whare Ako** 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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.
- **Transitional School Visits:** These are organised between you and the school. We suggest you enrol your child for school at the age of 4. We can provide transition information/strategies as required.

Fee Contract

Please see Te Whare Ako Fee Policy for further details.

- For children over three, an hourly/daily fee will be charged until a signed Attestation/Enrolment Agreement is received.
- Families who are not using all or any of their 20 Hours ECE at Te Whare Ako will be asked to pay a fee for each hour that is not attested for the Government's 20 Hours ECE.
- I have read the Te Whare Ako Fees policy and agree to pay any fees resulting from my child's enrolment at Te Whare Ako as per this policy.
- Childcare Fees remaining unpaid may be passed to our debt collection agency You will pay any and all costs incurred in the collection of fees added by the debt collection agency. Once passed all future correspondence/queries made will be through the debt collection agency directly.
- I elect to pay any required fees on the following basis: Automatic Payment Internet Banking

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 Te Whare Ako, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

Please tick the box you belong to:

Weltec Student

Community

Staff

Name of course:

Please note that all course enrolments are checked with the Main Registry Office at Weltec)

Weltec Account number (office use)

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: ____ / ____ / ____						