



Start date: _____

Finish date: _____

◆ **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:
name:

Given

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: d d / m m / y y y y

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: www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at

www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

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:	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 (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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

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):	
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:
Child's doctor:	
Name:	Phone:
Name of medical centre:	
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)	
For staff: Immunisation records sighted and details recorded:	Tick One 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.	

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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 :	
▪ Calendula cream.....Yes/No	▪ Insect repellent.....Yes/No
▪ Barrier cream.....Yes/No	▪ Sunscreen.....Yes/No
▪ Arnica cream.....Yes/No	▪ Curash powder.....Yes/No
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: ____ / ____ / ____

◆ 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.

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

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

◆ Optional Charges:
1. The optional charge is for: (give details of specific activities or items, and their costs)

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

- Morning and afternoon teas, sunblock, special excursions, extra resources, shows and concerts
2. I understand that if I agree to pay for the optional charge, Christopher & Robin ECC may enforce payment.
 3. The agreement to pay the optional charge will last for one year from the date of enrolment.
 4. The rules about making changes to the agreement are:
 - Christopher & Robin ECC will check with parents about their agreement to pay optional charges in February each year.
 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** (*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

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

Christopher & Robin ECC will be open during school holidays but will be closed on statutory holidays.

Required Information for Licensing Purposes

- **Excursions:** I give permission for centre staff to take my child in small groups on short walks outside the centre. The Centre will provide a form seeking permission from parents for any trips where transport is required
Agreed
- **Photo/video:** I give permission for my child to be photographed for the purposes of:
 - Assessment, planning and evaluation. Agreed
 - Website Agreed
 - Private family Face Book Page. Agreed
 - Public Face Book Page Agreed
 - Instagram Agreed
- **Policy Statement:** Christopher & Robin ECC 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.
Agreed
- **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.
Agreed
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.

Agreed

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

- **No sick children:** In signing this enrolment form, I agree to the Centre policy that I am not to bring my child to the Centre when they are suffering from any illness that is capable of being easily transmitted to others.

Agreed

- **Fees Agreement:** In signing this enrolment form, I agree to pay the fees a fortnight in advance in accordance with the fee policy of the centre. I acknowledge and agree to pay the fee for an enrolled day even if unable to attend. Our programming and licensing regulations require us to employ staff based on the number of children enrolled. Therefore, we cannot give refunds for absences. I understand and accept that irrespective of any arrangement with any third party to pay the fees the full responsibility rests with me. WINZ payments will need to be confirmed in writing with a start date before they are credited to your account. If accounts fall into arrears and arrangements to pay fail, debts will be referred to debt collectors. This will incur extra charges.

Agreed

◆ 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 Christopher & Robin ECC, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

How did you hear about us? (Circle as many as apply)

Friend
Family
Yellow Pages

Website
Face Book Page
Instagram

Word of Mouth (if you're happy to let us know who we can thank them 😊) _____

Other _____

New Enrolment Referral Coupon

Clip out this coupon, write your name on it and give to a friend. If they enrol a child with us, you will receive \$50 off your account.

Your Name _____

—

If you receive this from a friend, come in and enrol your child and no enrolment fee will be charged. Christopher and Robin. **Value \$50**