



Enrolment Agreement Form

The Children's Corner Te Rapa Park

Our Student Information System is Infocare

◆ 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 (if different from above):

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 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.

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 (Day):	Phone (Day):
Phone (Evening):	Phone (Evening):
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 (Day):	Phone (Day):
Phone (Evening):	Phone (Evening):
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):
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:

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 (Day):	Phone (Day):
Phone (Evening):	Phone (Evening):
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 (Day):	Phone (Day):
Phone (Evening):	Phone (Evening):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

◆ Child's doctor:	
Name:	Phone:
Name of medical centre:	

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

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

◆ **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 Children's Corner 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 No

Name/s of specific category (i) medicines that can be used on my child, **provided by The Children's Corner:**

▪	▪
▪	▪

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: ____ / ____ / ____

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

◆ **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?

Yes No

2. Is your child receiving 20 Hours ECE at any other services?

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 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 The Children's Corner.

Parent/Guardian Signature: _____

Date: ___ / ___ / ___

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

◆ **Statutory Holidays / Term Breaks:**

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

The Children's Corner is not open on the following public holidays if they fall on a weekday:

New Year's Day, Day after New Year's Day, Auckland Anniversary Day, Waitangi Day, Good Friday, Easter Monday, ANZAC Day, Queen's Birthday, Labour Day, Christmas Day, Boxing Day

◆ **Authorisations**

I give permission for my child to have his/her photograph taken whilst attending The Children's Corner for use in their portfolio or in other learning documentation around the preschool. Photographs will only be displayed and viewed within the preschool environment and for the purpose for which they were intended.

Tick Yes No

I give permission for my child to be video recorded for the purposes of assessment, planning and evaluation. Video images will only be viewed within the preschool environment and for the purpose for which they were intended.

Tick Yes No

I give permission for The Children's Corner to post photos and videos of my child on The Children's Corner Facebook page

Tick Yes No

I give permission for my child to attend local excursions out of school grounds, such as trips to local parks whilst attending The Children's Corner. (ratio 1:2 using transport; under 2's 1:2 walking, over 2's 1:4 walking)

Tick Yes No

I permit a member of staff at The Children's Corner to take my child to a doctor in the case of an emergency and only in the event a parent, guardian or caregiver cannot be contacted

Signed: Tick Yes No

I give permission for my child to use the centre sunblock Tick Yes No

Note: Ticking no, you will need to provide your child's own named sunblock and sign the permanent medicine register.

◆ **Fee Policy**

- A deposit of two weeks fees is required to secure your child's place. Payment of fees is required in advance at the beginning of the week. We are unable to give refunds for days absent through sickness, statutory holidays or family holidays. Should your child be absent we are unable to hold their space longer than a 3 week period without previous agreement. Full payment of fees is required during this period. Parents can pay by cash, cheque or direct debit (BNZ 02-0191-0415902-000). Cheques should be made payable to The Children's Corner. Receipts are provided with all payments. Any overdue fees may result in the loss of a child's place at our preschool. **Any fees incurred through using a debt collection agency to recover overdue fees, will be the responsibility of the enrolling parent.**

Centre Information Pack

- Please ensure you have read the information in the parent handbook as it covers such things as fee details, centre operations, our centre vision and general information on our preschool.

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

Centre Policies

- The Children's Corner 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. Our policy handbook is located in our parent's library.

◆ 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 The Children's Corner 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.

ALL ABOUT ME

This is my family...

The important people to me are...

The culture I come from and
languages I speak are...

You can email photos to
tcc.terapa@gmail.com

My interests are...

I am comforted by...

My family aspirations are...