



## **Enrolment Agreement Form**

Please circle one:

<b>Babies</b> <b>0 – 2</b>	<b>Toddlers</b> <b>2 – 3½</b>	<b>Preschool</b> <b>3½ - 5</b>
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<b>Child's Details:</b>		
<b>Name your child is known by / preferred name:</b>		
Surname / family name:		
First name:		
<b>Copy of official identity verification document* collected by staff:</b>		
<ul style="list-style-type: none"> <li>• New Zealand birth certificate</li> <li>• New Zealand passport</li> <li>• Other _____</li> </ul>	<ul style="list-style-type: none"> <li>• Foreign birth certificate</li> <li>• Foreign passport</li> </ul>	<b>Staff initials:</b> _____
Child's <b>official given name (First Name):</b>		
Child's <b>official surname (Last Name):</b>		
Child's <b>official other names / middle names:</b> (please separate names with a comma):		
<b>Gender:</b> <b>Male</b> _____ <b>Female</b> _____		
<b>Childs Primary Residential Address:</b>		
<b>Street:</b>		
<b>City:</b>	<b>Postal Code:</b>	<b>Country:</b>

<b>Child's date of birth:</b> ____ / ____ / ____			
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<b>Application Date (Todays Date)</b>	<b>Proposed Commencement Date</b>	<b>Exit Date</b>
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

<b>Child's ethnic origin/s:</b>	<b>Iwi your child belongs to:</b>	<b>Language/s spoken at home:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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

Allergies/Dietary Needs	
Does your child have any Illness or Allergy	<b>YES / NO</b>
If answered YES above, please specify:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide a copy of immunisation certificate or a copy of immunisation record)	
Does your child have any specific dietary requirement?	<b>YES / NO</b>
If answered YES above, please specify (eg halal, kosher etc)	

Medicine	
<b>Category (i) Medicines</b>	
A category (i) medicine is a non-prescription preparation (such as arnica Cream, insect bite treatment, and antiseptic liquid) 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.	
Do you approve category (i) medicines to be used on your child	<b>YES / NO</b>
Please indicate below any category (i) medicine that can be used on your child	
Arnica <input type="checkbox"/>	Antiseptic <input type="checkbox"/>
Insect Bite Treatment <input type="checkbox"/>	Sunblock <input type="checkbox"/>
Parents/Guardian Signature: _____	
Date: _____	



### Category (ii) Medicines

A category (ii) medicine 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, provide by a parent for the use of that child only or, in relation to Rongoa Maori (Maori 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 for 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.

Parents/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 ongoing 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: **YES / NO** Staff Initial: \_\_\_\_\_

**Name of Medicine:**

**Method and Dose of Medicine:**

**When does the Medicine need to be applied:**

Parents/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### - 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.eli.education.govt.nz](http://www.eli.education.govt.nz)



\* Information about acceptable identity verification documents is available online at  
[www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.eli.education.govt.nz](http://www.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	
<b>MOTHER:</b>	<b>FATHER:</b>
<b>First names:</b>	<b>First names:</b>
<b>Surname / Family name:</b>	<b>Surname / Family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Occupation:	Occupation:

Custodial / Non Access Statement			
Do both parents have day to day care of the child?		<b>YES / NO</b>	
If <b>NO</b> , the Centre will need to sight the original Court Document and make a copy to be kept on file. You are responsible for informing Reach for the Stars of any custodial arrangement upon signing this enrolment form			
<b>Person/s who are forbidden to have any access to your child or restricted access to your child:</b>			
<b>Name:</b>	<b>Doc on File:</b> YES / NO	<b>Name:</b>	<b>Doc on File:</b> YES / NO
<b>Person/s who have restricted access to your child</b>			
<b>Name:</b>	<b>Name:</b>		
<b>State the Restriction:</b>	<b>State the Restriction:</b>		



### • How did you hear about us?

- Referral     
  Website     
  Signage     
  Internet Search  
 Other..... (please specify)

### Emergency Contacts (also able to pick up your child):

<b>Relationship to Child:</b>	<b>Relationship to Child:</b>
<b>First names:</b>	<b>First names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

### Emergency Contacts (also able to pick up your child):

<b>1. First names:</b>	<b>2. First names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

### • Enrolment Details:

**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:						<b>Total hours:</b>

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



### • 20 Hours ECE Attestation:

**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.

For 20 Hours ECE fill out boxes below with the hours attested eg. 6 hours

For 20 ECE fill out boxes	Monday	Tuesday	Wednesday	Thursday	Friday	
Days Enrolled:						
Times Enrolled:						Total hours:

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

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 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 Reach for the Stars Early Education Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



### • Policies/Procedures

At Reach for the Stars Early Learning Centre, we have a number of policies and procedures that are in place for the education and care of children who attend. We strongly recommend you to read and be familiar with these. Please confirm that you have read and agree to abide by the following policies and procedures. By signing this declaration, you have agreed to abide by all the policies and procedures. A full copy of our policies and procedures will be made available from reception on request.

<input type="checkbox"/> Accident and Emergency Treatment Policy	<input type="checkbox"/> Illness Policy
<input type="checkbox"/> Medication Policy	<input type="checkbox"/> Emergency Evacuation Policy
<input type="checkbox"/> Fees and Policies	<input type="checkbox"/> Settling In Policy
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

### • Permissions

Ticking the following, you have given Reach for the Stars Early Learning Centre consent to:

<input type="checkbox"/> Take your child on small local walks with educators. Ratios are 1/3 for under 2 year olds and 1:4 for 2-5 year olds	<input type="checkbox"/> Photograph/video your child for the purposes of assessment planning, evaluation and on display within the Centre and Centre Facebook
<input type="checkbox"/> Photograph/video your child for promotional material such as wall display	<input type="checkbox"/> Send your child's photos and videos to you via Educa
<input type="checkbox"/> Allow your child's image to be used by student teachers for the purpose of their teaching practice and evaluation.	
Photographs and videos taken can be used for five years from when they are taken. I understand that photographs and videos displayed on the centre Facebook and Centre website will be available for worldwide web	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	



### ▪ Statutory Holidays / Term Breaks

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

I have been made aware that Reach for the Stars Early Learning Centre is closed on all Statutory Holidays, full fees are applicable for any statutory holiday and that your child would normal attend.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ▪ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge. Should any of these details change I will inform Reach for the Stars Early Learning Centre as soon as possible.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ▪ Service Declaration

On behalf of Reach for the Stars Early Education Centre, I declare that these forms have been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_