

Little Kiwi Explorers Enrolment Agreement Form

Childs details

Child's official surname or family name: _____

Child's official given name: _____

Child's official other names/middle names: _____

Name your child is known by/preferred name: Surname/family name: _____

Given name: _____ Child's date of birth: _____ Male/Female

Child's primary residential address: _____

_____ Post code: _____

Child's ethnic origin/s: _____ Iwi your child belongs to: _____

_____ Language/s spoken at home: _____

Copy of official identity verification document collected by staff:

- | | |
|---|---|
| <input type="radio"/> New Zealand birth certificate | <input type="radio"/> Foreign birth certificate |
| <input type="radio"/> New Zealand passport | <input type="radio"/> Foreign passport |
| <input type="radio"/> Other _____ | Staff initials: _____ |

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 and 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 details

	<u>1st contact person</u>	<u>2nd contact person</u>	<u>3rd contact person</u>
Name:			
Relationship:			
Home phone:			
Day phone:			
Mobile:			
Email:			
Address:			

Emergency contact details

These persons named below are also **allowed** to collect this child from Little Kiwi Explorers.

Name:	Day phone:	Mobile:	Relationship to child:

Please list below person's who **cannot** pick up this child.

(A copy of the legal document pertaining to this must be provided).

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Child's medical information

Doctor's name: _____ **Phone:** _____

Address: _____

Does your child have any special needs? Yes / No **If yes please specify.....**

Does your child have a special diet? Yes / No **If yes please specify.....**

Medical declaration

I accept responsibility for any expense incurred in obtaining treatment for this child in an emergency situation.

Medicines

I give permission for teachers to apply basic First Aid and the following non-prescription products to this child:

(Category (i) Medicines)

Sun screen Yes / No Bepanthen (antiseptic cream) Yes / No

Arnica cream Yes / No Insect bite cream or spray Yes / No

Does your child have a health condition that requires on-going medication e.g. asthma? Yes / No

Have you completed the individual health plan/Administration of medicine for category (iii) medication? Yes / No

Please provide verifications of all immunisations. Immunisation record sighted and recorded. Yes / No

Parent/guardian Signature: _____ **Date:** ____/____/____

General consent and disclosure

- I agree to this child going on regular outings or excursions during the day at an adult:child ratio of 1:3. Always maintaining or above the minimum regulated ratios for the service Yes / No
- I understand ICT is an integral part of the Early Education Centre programme and that photos and/or videos may be taken of this child which will be used as a form of documenting their learning. Yes / No
- I give permission for any such photo's and/or videos to be used for publicity purposes. Yes / No
- I give permission for photos of this child to be posted on Facebook. Yes / No
- I give permission for this child to use ICT equipment to support their Early Education. Yes / No
- I give permission for this child's name to be published in Little Kiwi Explorers newsletters. Yes / No
- I give permission for this child to be taken to an alternative emergency location e.g. civil defence, in the event of an emergency. Yes / No

Parent/guardian Signature: _____ **Date:** ____/____/____

Statutory Holidays / Term breaks

- **School holidays** – This enrolment agreement is **inclusive** of school term breaks. During school holidays bookings are as normal and any absences will be charged for at the full rate.
- We will be **closed** on all **Statutory/public holidays**. These are charged at the full fee rate.

Dual enrolment disclosure

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 Little Kiwi Explorers.

Parent/guardian Signature: _____ **Date:** ____/____/____

Enrolment Details

Please note:

- any changes to enrolment details must be notified immediately to a teacher/administrator and this enrolment agreement must be amended.

Date of enrolment: ____/____/____ **Entry date:** ____/____/____ **Exit date:** ____/____/____

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
Times Enrolled						

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

Change of Days/Times of Enrolment **Effective date:** ____/____/____

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
Times Enrolled						

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

Parent Declaration

- Little Kiwi Explorers 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.
- Please ensure you have read the information in the parent information booklet 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 Little Kiwi Explorers.

I declare that all the above information is true and correct to the best of my knowledge.

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

Who is to receive the invoice?	
Would you like to receive your invoice by email?	Yes / No
Do you qualify for a WINZ Childcare Subsidy?	Yes / No
If Yes, what is your WINZ Customer number?	

Service Declaration (Office use only)

- All personal information on your child will be kept securely and remain confidential.
- On behalf of Little Kiwi Explorers Early Education Centre, I declare that this form has been checked and all relevant sections have been completed.

Service providers signature: _____ **Date:** ____/____/____

Changes to Enrolment Agreement

Change of Days/Times of Enrolment

Effective date: ___/___/___

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
Times Enrolled						

Parent/Guardian signature: _____

Date: ___/___/___

Change of Days/Times of Enrolment

Effective date: ___/___/___

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
Times Enrolled						

Parent/Guardian signature: _____

Date: ___/___/___

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Date: ___/___/___