

Enrolment Form GMA10 Appendix 2

◆ 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:		Given name:
Official identity verification document* Copy of documents if collected by staff		
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____		Staff initials: _____
Child's date of birth: dd / mm / yyyy		Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
Child's primary residential address: _____ _____ _____		
Post Code:		
◆ Privacy Statement:		
<p>Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:</p> <ul style="list-style-type: none"> • for funding allocation purposes • for monitoring purposes • to allow the assignment of a National Student Number* to your child, and • to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11. 		

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at [National Student Numbers \(NSN\) – Education in New Zealand](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

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 Emergency Contacts (also able to pick up child):	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Mobile):	Phone (Mobile):
Phone (Work)	Phone (Work)
Email:	Email:
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:

Additional person/s who can pick up your 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:
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:
5. Given names:	6. 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):
E-mail:	E-mail:
Relationship to child:	Relationship to child:

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

◆ Health	
Illness / Allergies (Please detail any Illnesses or Allergies that the centre needs to be aware of)	
Is your child up to date with immunisations?	Yes / No
<i>(If you have answered Yes, please provide verification of all immunisations)</i>	
For staff use: Immunisation records sighted, and details recorded	Yes / No
Signed:	Date:

Diet

Please detail any special dietary requirements that the centre needs to be aware of:

◆ Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic cream, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries. The below preparations are provided by the service and kept in the first aid cabinet.

Do you approve of the below category (i) medicines to be used on your child?	<i>Circle One</i>
Betadine/Dettol Antiseptic Cream	Yes / No
Anthisan Insect Bite Cream	Yes / No
Kawakawa balm	Yes / No
Sudocream	Yes / No
NaturoPharm Arnica Cream	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 use: Individual health plan sighted, and a copy taken: *Circle 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: ____ / ____ / ____



◆ Choking Hazard and Healthy Kai Declaration

I confirm that I have received and read a copy of the Ministry of Health:
[Reducing food-related choking for babies and young children at early learning services.](#)

I confirm that I have received and read a copy of the: [Healthy Food and Drink Guidance – Early Learning Services](#)

Parent/Guardian Signature: _____ Date: ____/____/____

I agree not to bring my child to the centre in the event of sickness such as vomiting, diarrhoea or infectious illnesses, such as chicken pox, mumps etc until the child is safe to return. Withholding periods are specified in policy HS27. I understand that the centre is obliged to refuse entry to any child that may be infectious.

Parent/Guardian Signature: _____ Date: ____/____/____

◆ Enrolment Details:

Date of Enrolment: ____/____/____ Date of Entry: ____/____/____ Date of Exit: ____/____/____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Times Enrolled:						

Parent/Guardian Signature: _____ Date: ____/____/____

20 Hours ECE Funding (Available for children from their 3rd birthday)

Please note: 20 Hours ECE Funding is for up to **six hours per day**, up to **20 hours per week** across all enrolled ECE Centres. Any additional fees charged by a service are optional for a child that is receiving 20 Hours ECE funding (Please see optional charges declaration below).

For 20 Hours ECE fill out the 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:	<i>Circle One</i>
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 you have answered 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 Whenuakite Country Kids.
Parent/Guardian Signature: _____ Date: ____/____/____

◆ Optional Charges Declaration: 20 Hours ECE Funded Children (3 years and older)
1. The optional charges are: <ul style="list-style-type: none"> ▪ A fee of \$1.00 per child is charged for every day that they attend. This fee covers better than regulated Adult/child ratios, periodic EOTC experiences in the centre van and consumables such as sunblock and wipes. ▪ An e-portfolio is provided for every child. A physical portfolio containing the same material will be provided for a fee of \$40.00 per annum which shall be charged bi-annually @ 2 x \$20.00.
2. I understand that if I agree to pay for the optional charge/s, Whenuakite Country Kids may enforce payment.
3. The optional charge/s will last for the period of the child's enrolment.
4. Changes to this agreement must be advised in writing at least five working days prior commencement.
5. I understand that the optional charges are 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/s for the activities/items specified in this enrolment agreement form.
Payment of Fees. I agree to pay the fees set by Whenuakite Country Kids within 14 days of the invoice date by automatic payment or cash.
Parent/Guardian Signature: _____ Date: ____/____/____

◆ Statutory Holidays / Term Breaks

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

Whenuakite Country Kids closes for two and a half weeks over Christmas and New Year and again for one week of the July school holidays. Whenuakite Country Kids is **not** open on public holidays if they fall on a weekday.

Specific Permissions

▪ Excursions: I give permission for my child to take part in excursions under the conditions stated in the centre's excursions policy.	Yes / No
▪ Photo/video: I give permission for my child to be photographed for the purposes of assessment, planning and evaluation.	Yes / No
▪ Newsletters/Notices: I give permission for my child's image to be used in newsletters and notices.	Yes / No
▪ Website: I give permission for my child's image to be used on the centre's website.	Yes / No
▪ Newspapers: I give permission for my child's image to be used in newspaper articles.	Yes / No
▪ Emergency – In the case of a medical emergency I agree for my child to be seen by a Public Health Nurse or transported to a local doctor/medical centre for assessment.	Yes / No
▪ Vision and Hearing Check – I give permission for my child to be seen by the Waikato DHB Vision and Hearing Technician as part of their scheduled 4-year-old checks.	Yes / No
▪ I wish to be present for this check	Yes / No

Social media

I undertake not to post photos or videos of other children on social media, without permission from the child's whānau or the centre.

Other Information

- **Policy Statement:** Whenuakite Country Kids has several policies that set out the procedures we have in place for the care and education of the children who attend. We strongly urge you to read these policies. 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 Booklet:** Please ensure that you have read the Whenuakite Country Kids Information Booklet, as it covers details of applicable fees, subsidies that may be available to you, and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests, and preferences:** You will receive an All About Me Form, please tell us about your child's strengths, interests, preferences, and aspirations for your child.
- **Transitional School Visits:** Information on transition arrangements is included in the information booklet
- **Privacy –** I agree to my child's name and date of birth being given to the local schools as part of the schools' long-term planning
- **Supervision -** I understand that the centre is not responsible for my child or siblings outside of their booked hours or while being transported to and from the centre, unless on a centre excursion
- We require parents to sign their child in and out on the tablet at reception each day that their child attends. We also require that the weekly register for days attended in the previous week be signed. Parents and authorised pick-ups, are assigned individual PINs for signing in and out using the tablet.

◆ Parent Declaration

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

Parent/Guardian Signature: _____ Date: ____/____/____

◆ Contract Agreement

I acknowledge that I have read and understand the centre's fees schedule. I agree to pay all fees and bills in full and on time.

Parent/Guardian Signature: _____ Date: ____/____/____

◆ Service Declaration (WCK staff to complete)

On behalf of Whenuakite Country Kids, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____/____/____

END