



Enrolment form agreement

Early Years Rotokauri

Start date _____

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: _____

Child's date of birth: _____

Female/Male

Child's primary residential address:

_____ Postcode _____

Copy of official identity verification document* if collected by staff:

New Zealand birth certificate

New Zealand passport

Foreign birth certificate

Foreign passport

Other _____

Staff initials: _____

Child's ethnic origin/s: _____

Iwi your child belongs to: _____

Language/s spoken at home: _____

Privacy statement:

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:

- 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:
Postcode:	Postcode:
Phone (Home)	Phone (Home)
Phone (Mobile)	Phone (Mobile)
Phone (Work)	Phone (Work)
Email	Email
Relationship to child:	Relationship to child;
3. Given names	4. Given names
Surname/Family name:	Surname/Family name:
Address:	Address:
Postcode:	Postcode:
Phone (Home):	Phone (Home):
Phone (Mobile):	Phone (Mobile):
Phone (Work):	Phone (Work):
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:
Relationship to child -	Relationship to child -
Phone (Mobile)	Phone (Mobile)
Phone (Work)	Phone (Work)

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 **cannot** 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:

Postcode:

Postcode:

Phone (Home):

Phone (Home):

Phone (Mobile):

Phone (Mobile):

Phone (Work):

Phone (Work):

Relationship to child:

Relationship to child:

3. Given name

4. Given name

Surname/Family name:

Surname/Family name:

Address:

Address:

Postcode:

Postcode:

Phone (Home):

Phone (Home):

Phone (Mobile):

Phone (Mobile):

Phone (Work)

Phone (Work):

Email:

Email:

Relationship to child:

Relationship to child:

Child's doctor:

Name:

Phone:

Name of medical centre:

Health

Is your child up-to-date with immunisations?

*Tick one***Yes** **No**

Please note that you are not required to have these up to date, however in the event of an outbreak of a serious communicable illness your child may be excluded from the centre under the direction of the Medical Officer of Health if they are not up to date.

For staff: Immunisation records sighted and details recorded:*Tick one***Yes** **No**

- **In the unlikely event of a medical emergency, I understand that my child will be given basic first aid treatment by the centre staff and if necessary taken to hospital in an ambulance - parents/guardians will be notified immediately.**

- **Any child with diarrhoea or vomiting is required to stay home until 48 hours after symptoms have settled.**

- I am aware of the health-related policies, and have been informed of these by the centre manager

*Tick one***Yes** **No**

- I give permission for my child's head to be checked for head lice

*Tick one***Yes** **No**

- I am aware that in the case of my child having head lice, he/she will be asked to stay home until treated

*Tick one***Yes** **No**

- Does your child have any specific dietary requirements/allergies?

*Tick one***Yes** **No**

Please specify _____

- Does your child have any chronic illness/conditions or additional educational needs that the centre should be aware of?

*Tick one***Yes** **No**

Please specify _____

- I consent to vision, hearing, and tympanometry tests, for my child and consent to the results of these tests being discussed with my child's teacher and centre manager if necessary.

*Tick one***Yes** **No**

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

Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite, sudo cream) 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.

Do you approve category (i) medicines to be used on your child?

For staff: Individual health plan sighted and a

copy taken: Tick One:

Name/s of specific category (i) medicines that can be used on my child, provided by service:

- SPF 30+ sunscreen

- Arnica

-

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 to staff members to administer medication to my child 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. All medicines must have the child's correct name, expiry date and prescribing doctor. For safety reasons, medicines must be within the expiry date, and must be prescribed by the doctor.

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: ___ / ___ / ___

Enrolment details

Date of enrolment ___/___/___ Date of entry ___/___/___ Date of exit ___/___/___

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

For 20 free hours 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 free attestation

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 time that he/she is enrolled at Early Years Rotokauri.

Parent/Guardian Signature: _____ Date: ___/___/___

Permission to attend other classrooms

To ensure our ratios are kept accurate at all times of the day, your child may need to join other classrooms within the licenced premises between the licenced hours of operation. I give permission for my child to attend the other classrooms as required.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Fees

- **I understand** that my child must attend hours I have applied for, and I agree to pay fees as per the fee schedule for the time booked whether my child attends or not, except for any hours attended as 20 hours ECE.
- **I agree** to pay fees in advance in accordance with the centre's fee schedule for the greater of time booked or attended.
- **I agree** in the event of fees being in arrears I acknowledge a late payment fee and/or interest will be charged in addition to fees, interest and late payment charges. Late payment of fees may result in my child's space being cancelled and all debt collection fees payable by me.
- **I agree** in the event of non-payment of my account, that the full details of my enrollment and any relevant information may be forwarded to a collection agency for the purpose of collection of outstanding fees.
- **I agree** and understand that I will pay fees charged on statutory holidays and if my child is absent due to illness.
- **I agree** to give two weeks' advance notice in writing when cancelling my child's booking in accordance with the centre's policy.

Where this is signed by more than one person, we agree that we are jointly and severally liable for all fees and costs that may be incurred such as excursions, extra curricula, homework books, photos or any other costs that have been agreed to.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Term Breaks/Statutory Holidays

This enrolment agreement is inclusive of school term breaks.

Early Years Rotokauri LTD does not operate on statutory holidays.

Holiday Policy

Two weeks written notice is required to receive the 50% holiday discount.

Each child is entitled to 20 working days, 50% holiday discount.

Work and income childcare subsidy

- I am applying for a Work and Income childcare subsidy prior to my child starting at Early Years Rotokauri
Tick one **Yes** **No**
- I understand that even if eligible for a Work and Income childcare subsidy I am responsible for paying my fees in full until my subsidy is approved.
- I understand that I am responsible for any fees not covered by my subsidy.
- Any overpayment made by Work and Income will not be offset against any outstanding balance or paid out to the person responsible for payment of fees.

I confirm that I have made a full application for a subsidy prior to my child starting at this centre.

Date of application ___/___/___

Parent/Guardian signature_____

Parking and escorting

I agree that when dropping my child off at the centre, I will park in the area designated as suitable by the centre management and escort my child into the building and advise a staff member of my arrival before leaving my child in the centre's care. I understand and accept that this is a condition of enrolment that driven to and from the centre must travel in a safety approved children's car seat or restraint in accordance with traffic regulations.

Parent/Guardian signature_____Date_____

The privacy act

The personal information we ask you to provide on your enrolment form is required to enable Early Years Rotokauri LTD to enrol your child in our programme, provide the best possible care and education for your child, and to observe and monitor your child's progress to encourage all areas of their development. Their personal information we ask you to provide on your application for enrolment is required to ensure Early Years Rotokauri LTD meets the terms of licencing requirements with the Ministry of Education. All those within our centre who have access to your personal information are bound by the terms of their employment to keep that information confidential. The security of the personal information we provide to the Ministry is safeguarded by the protocol which our centre has entered into with the Ministry. The personal information you supply is held 7 years by our centre. We also use personal information in aggregate form for a variety of statistical research purposes but in doing so it always ensures that no individual can be identified. If you have any questions about the Privacy Act of your personal information, please contact the manager. Please sign below to verify that you have read and understood the above information that relates to records kept by Early Years Rotokauri.

Parent/Guardian signature_____Date_____

Privacy permissions

- I give my permission for my telephone number to be made available to other parents *Tick one* **Yes** **No**
- I give permission for for my child to be photographed/videoed for assessment purposes, centre display's, management notice boards and to be included in other children's portfolio's where applicable *Tick one* **Yes** **No**
- I understand observations will be completed on my child by Early Years Rotokauri contracted teacher's to assist in planning a programme to meet the needs of my child and the group. I understand that i am able to view these at any time *Tick one* **Yes** **No**
- I understand observations will be completed on my child by Early Childhood students in the course of their training. These observations will not include the child's name and copies can be forwarded to parents on request. *Tick one* **Yes** **No**
-
- I give permission for my child to be photographed/videoed for advertising and promotional material for the centre. I understand and give permission for the photos to be posted on social media platforms such as but not limited to, facebook, instagram, parent interactive page ect *Tick one* **Yes** **No**
- I agree to my child being photographed by other centre parents on special occasions e.g. birthdays, excursions etc *Tick one* **Yes** **No**
- I agree to my child's learning journey being documented and available on Story Park *Tick one* **Yes** **No**
- I agree that if i take any photos/videos at the centre or on special occasions that include children other than my own, I will not post these on any social media networking sites e.g. Facebook, Instagram, tic tok, snapchat etc *Tick one* **Yes** **No**
-
- I give permission for Early Years Rotokauri to send information and promotional material to the provided email address. *Tick one* **Yes** **No**

Policy statement

Early Years Rotokauri 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.

Incidental walks/ Local or regular excursions

As part of our programme to support children's strengths and interests, we on occasions may take children on spontaneous short local walks or regular excursions. The adult ratio will be no less than regulated for each excursion (Please read attached travel arrangements/Excursion policy)

In order for your child to participate we need you to sign permission that you agree to these ratios:
1:2 near water, 1:3 for infants 0-2 years of age and 1:4 for 2, 3 and 4 year olds

I give permission for my child to be taken on short local walks and regular excursions *Tick one* Yes No

Parent/Guardian signature _____ Date _____

Travel arrangements/ Excursion Policy

As part of our programme to support children's strengths and interest, we on occasion may take children on spontaneous walks or regular excursions.

The adult ratio will be no less than the regulated for each excursion (Please see below) and a risk management form will be completed for each excursion.

In order for your child to participate we need you to sign permission that you agree to these ratios:
1:2 near water, 1:3 for infants 0-2 years of age and 1:4 for 2, 3 and 4 year olds.

When taking children out of the centre, the procedure will be as follows:

A trip will be planned with clear educational outcomes, this must be approved by management prior to notifying parents. An assessment and risk management plan will be taken at which time such things as adult/child ratios will be considered. Once approved a 'parent consent form/note' will be sent out to all parents. If this form/note is not signed and returned by each parent/caregiver for each child, the child will not be included in the outing.

- During the preparation for the excursion/outing the persons responsible will ensure child/adult ratios are adhered to by not only those involved in the excursion but also those remaining at the centre.
- Whenever children leave the centre on an outing or excursion, assessment and management risk is undertaken and adult ratios are determined accordingly; ratios are not less than the adult:child ratio
- First aid requirements are met in relation to those children involved in the outing and any child remaining at the centre.

- Police vetting of all adults attending excursions will be required for parents/caregivers attending centre excursions/trips
- Documentation required prior to any excursion will include;
 - Child's name
 - Time & date
 - Location of the excursion
 - Mode of transport
 - Consent forms
 - any prior planning, risk analysis, adult:child ratios, rationale for outing and assessment & evaluation on the evaluation of the excursion.
- If private motor vehicles are required, all children will have safety approved child restraints. Those involved in driving will have a current full driver's licence and be police vetted prior to the excursion. The car must be in good repair with a current warrant of fitness and registration.
- When travelling by car where possible we would like a trained staff member in every vehicle. If the car carries more than 3 children, 2 adults will travel in those cars.\
- On all excursions where transport is required; a written notice will be attached to each child containing contact details of the centre. A staff member will be based at the centre when excursions take place, in the event of children not able to attend and to answer any phone calls
- Whilst children are out of the centre excursions/walks each child will be allocated to a specific person who will be responsible for continually monitoring where their allocated child/children are. We suggest a head count every 10-15 minutes. The senior staff member is responsible for confirming every ½ hour where all children are and should be.
- A check list of all children involved in the excursion/outing will be marked off on departure, periodically

throughout the trip and on return to the centre.

- If travelling by public transport the children will be required to be seated at all times. Sufficient adult:child ratio as per ministry regulations will be adhered to at all times.
- The amount of trained staff involved in these excursions will increase based upon the quantity of children and the specific excursion
- In the event of walks around the local community parent consent will not be required on every occasion. A blanket approval has already been given on the enrolment form.

When leaving the centre, including walks, the following items will be taken

- First aid kits
- A staff member with a current first aid certificate
- Appropriate weather accessories, e.g. sunhat, sunblock, warm clothes, jacket etc
- Medication requirements - if required all relevant documentation will be included as per medication policy
- Mobile phone
- Nappies/wipes and any other things that may be deemed necessary for the occasion.

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.

Enrolment rights

I understand that acceptance of enrolment of my child at Early Years Rotokauri is in no way an assurance of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. I understand that if I am to enter into direct competition with this centre, I will immediately withdraw my child from the centre.

Parent declaration

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

Has your child ever attended another Early Learning service before? *Tick one* **Yes** **No**

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

Early Years Rotokauri declaration

On behalf of Early Years Rotokauri, I declare that this form has been checked and all relevant sections have been completed.

Service provider signature _____ Date _____

Checklist: Centre to complete

Staff child: *Tick one* **Yes** **No**

Sibling in the centre *Tick one* **Yes** **No**

Copy of official identity verification documentation *Tick one* **Yes** **No**

Copy of immunisation form *Tick one* **Yes** **No**

20 hours ECE attestation *Tick one* **Yes** **No** **N/A**

Confirm WINZ subsidy application lodged *Tick one* **Yes** **No** **N/A**

Additional information (if required)