



2021 Enrolment Agreement

NECESSARY FUNDING AND LICENSING REQUIREMENTS

National Student Number _____

◆ Child's Details:

Child's **official surname** or **family name**:

Child's **official given first 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:

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 or village 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.**



◆ 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 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:

Safety

◆ 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):

Emergency contacts must be an adult who is not working full-time and who can collect your child if sick or in an emergency. Please update this regularly with current mobile, address and phone details.

1. Given names:

Surname / family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

2. Given names:

Surname / family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

3. Given names:

Surname / family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

4. Given names:

Surname / family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

◆ **Emergency:** I give permission for staff to take my child to a physician in the event of an emergency when I cannot be reached. I will also incur and take any responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation. Please note that if you do not give permission we are not able to seek medical assistance if required.

☐

I have been informed & shown where the emergency policies & procedures are kept.

☐

I understand I am required to keep myself & family informed by reading the MMTAVN Health & Safety

Policies and all other policies.

◆ Child's Doctor:

Name:

Phone:

Name of medical centre:

Health



◆ Health

Illness/allergies:

Is your child up to date with immunisations?

Tick One

Yes

No

(Please provide verifications of all immunisations)

For staff: Immunisation's record sighted and details recorded:

Tick One

Yes

No

◆ 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 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?

Tick One

Yes

No

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

▪

▪

▪

▪

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 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 a category (ii) medicine is to be administered, detailing what (name or 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 completed and signed:

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 Timetables

Newborn to 3-year-olds Enrolment Timetable

◆ Enrolment Details: (Not entitled for 20hrs ECE)						
Date of Enrolment: ____ / ____ / ____		Date of Entry: ____ / ____ / ____		Date of Exit: ____ / ____ / ____		
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
Parent/Guardian Signature: _____					Date: _____	

3–6-year-olds Enrolment Timetable & 20 Hours ECE

◆ <u>20 Hours ECE Attestation:</u>						
1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?						
				<i>Tick One</i>	Yes	No
2. Is your child receiving 20 Hours ECE at any other services?						
				<i>Tick One</i>	Yes	No
If 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: _____	
◆ Enrolment Details: <u>3-6 years</u>						
Date of Enrolment: ____ / ____ / ____		Date of Entry: ____ / ____ / ____		Date of Exit: ____ / ____ / ____		
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:

<u>20 Hours ECE</u> fill out boxes below with hours attested e.g. 6 hours						
<ul style="list-style-type: none"> • 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. • A child's eligibility for 20 Hours ECE begins on their third birthday. Services may begin claiming 20 Hours ECE funding for a child on their third birthday. • A child's eligibility for 20 Hours ECE ends on their sixth birthday. 						
Days Enrolled:	Mon	Tues	Wed	Thurs	Fri	
20 Hours ECE at this service						Write total of hours:
20 Hours ECE at another service						Write total of hours:
Parent/Guardian Signature: _____					Date: _____	

◆ Fees

I have read and understand the terms of this agreement along with the fees policy of enrolling my child/children. I am aware that I will be required to pay the fees outlined in the Fees Policy and upon this agreement.

Parent/Guardian Signature:

Date:

◆ Optional Charges:

1. The optional charge is for: (please give details of specific activities or items)

- Swimming lessons, entrance fees
- Library fees
- Music/cultural teacher

2. I understand that if I agree to pay for the optional charge, Matua mo e Tama may enforce payment.

3. The agreement to pay the optional charge will last for: _____

4. The rules about making changes to the agreement are:

- 2 weeks' notice in writing
- By mutual discussion

5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form

Parent/Guardian Signature:

Date:

◆ Statutory Holidays / Term Breaks

We are open school term breaks therefore this enrolment agreement is inclusive of school term breaks. Matua mo e Tama is not open on the statutory public holidays.

◆ Required Information for Licensing Purposes

Excursions: Permission for the child to take part in regular local excursions (under the conditions stated in the **excursions policy**).

Photo/video: I give permission for the child to be photographed and/or videoed for the purposes of assessment, planning and evaluation. Records kept are available at the request of the parents/guardians for viewing.

Photo/video: I give permission for the child to be photographed and/or videoed for the purposes of the preschool newsletter and website.

◆ Supervisor may at his/her discretion refuse to accept any child deemed unwell enough to attend the Centre, as we do not have the specialist staff or the space for sick children.

◆ Do not send sick children the next day after sending home as we do not offer 1:1 Specialist care to keep the one child indoors due to sickness. Please note outdoor play is part of the whole centre daily routine

◆ Sick children are be kept at home

◆ Conditions of Enrolment Agreement

- **Policy Statement:** Matua mo e Tama 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.
- **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.
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.
- **Child's strengths, interests, and preferences:** Please tell us about your child's strengths, interests and preferences. In writing on a separate paper.
- **Transitional School Visits:** Matua mo e Tama can liaise with external support services and schools to ensure your child's transition to primary school is easy. Please notify the office if you need assistance. Please also refer to the transition policy for further information.
- **Preschool Enrolment Forms:** Must be completed and updated annually by all children in the care of Matua mo e Tama.

◆ Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Mana Tama Aoga Niue:

Parent/Guardian Signature:

Date:

◆ 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 Mana Tama Aoga Niue I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date:



◆ Have you attached the following?

Child – <i>Child's passport/birth certificate attached?</i>	Guardian – <i>Passport/driver's license attached?</i>
Mum/Dad – <i>Passport/driver's license attached?</i>	Custodial arrangements/court orders – <i>Photocopy attached?</i>
Immunisation record – <i>GP copy attached?</i>	Fees policy – <i>read and understood attached</i>

Please note your child can not start preschool unless all sections have been completed and all documents are supplied, and fees are discussed and confirmed.



Transport Agreement

◆ Transport

I would like to request that the preschool van collect my child/children to and from home. Tick One Yes ☐ No ☐

I have read and understood the transport policy. Tick One Yes ☐ No ☐

My child lives within the transport zone therefore please collect him/her from the following address:

There must be a parent/caregiver at home at all times when children are dropped off and picked up. Please provide the contact details of that person. If this person is not home, they will incur charges if the van has to return for drop-off and pickups. All children must be ready before 8am and caregiver must contact the preschool if they are not home or an arrangement to drop-off has changed from above. The driver has a 9.00am deadline and will not wait for late children. In this situation parents that miss the pickup will need to bring their own child.

Morning Pickups

First Names:	Relationship to the child:
Surname:	
Address:	
Post Code:	
Phone (Home):	
Phone (Work):	
Phone (Mobile):	
I have read and understand the Transport Policy:	
Parent/Guardian Signature:	Date:

After school Drop offs

First Names:	Relationship to the child:
Surname:	
Address:	
Post Code:	
Phone (Home):	
Phone (Work):	
Phone (Mobile):	
I have read and understand the Transport Policy:	
Parent/Guardian Signature:	Date: