



Enrolment Agreement Form

◆ 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:

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: d d / m m / y y y y

Male

Female

Child's ethnic origin/s:

Iwi 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.

Any changes to this form **must** be signed and dated by the parent/guardian.

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:

Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
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:

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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:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
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:

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

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

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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? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 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: Individual health plan sighted and a copy taken: <i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: ____ / ____ / ____	

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◆ 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 Home Grown Education.
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Optional Charges:
1. The optional charge is for:
<ul style="list-style-type: none"> ▪ Excursions that have activities that require payment (e.g. entry fee) ▪ Transport that may be required for excursions
2. I understand that if I agree to pay for the optional charge, Home Grown Education may enforce payment.
3. The agreement to pay the optional charge will last for: 12months.
4. The rules about making changes to the agreement are:
<ul style="list-style-type: none"> ▪ Parents/caregiver can cancel this agreement at any time ▪ Home Grown Education can cancel this agreement at any time
5. I understand that that optional charge is 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 for the activities/items specified in this enrolment agreement form.
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks		
Home Grown Education is not open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:		
New Year's Day	<input type="checkbox"/>	Easter Monday
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day
Waitangi Day	<input type="checkbox"/>	Queen's Birthday
Good Friday	<input type="checkbox"/>	Labour Day
		Christmas Day
		Boxing Day
		Local Anniversary Day

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◆ Home-Based Education and Care Services Only

This section is a compulsory requirement for Enrolment Agreement Forms used by Home-Based Services

Is the educator who will be providing education and care for your child a member of the child's family?

Tick One Yes No

If yes, what is the relationship of the educators to your child?

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

Required Information for Licensing Purposes

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

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

- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)
- Photos/videos will not be used for any purpose other than Home Grown Education service advertising, child development documentation and assessments, Home Grown Education newsletters and website.

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

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Home Grown Education 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:** 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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences by filling in the "You and your child" form provided in the enrolment pack.
- **Transitional School Visits:** If you would like your child to attend transition to school visits with a particular school please discuss this with the educator. Schools only within the local area can be considered if the educator transports them.

Transition School: _____ Date to commence Transition: ____/____/____

To be transported by Educator Parent/Caregiver Other _____

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

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◆ 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 Home Grown Education, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____ / ____ / ____

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

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Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

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