



Enrolment Agreement Form

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Preschool Hours of operation are 8.30am - 3.30pm

◆ 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:

Postal Address for mail if different:

◆ 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.

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

| 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: |

| Primary emergency contacts that are not parents - (who could pick up your child in an emergency) | |
|---|-------------------------------|
| Given names: | 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): |
| Relationship to child: | Relationship to child; |

| Additional Emergency Contacts (also able to pick up child): <i>(prefer at least 2 to live in Hurunui District)</i> | |
|---|-------------------------------|
| 1. Given names: | 2. Given names: |
| Surname / family name: | Surname / family name: |
| Address: | Address: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Relationship to child: | Relationship to child; |
| 3. Given names: | 4. Given names: |
| Surname / family name: | Surname / family name: |
| Address: | Address: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Relationship to child: | Relationship to child: |

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| 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 for staff to operate in line the agreement) | |
| | |
| Person/s who <u>cannot</u> pick up your child: | |
| Name: | Name: |

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

| Health | |
|--|---|
| Name Illness or medical conditions: | |
| Please provide details of the Illness or medical condition: <i>(How does it come about?)</i> | |
| Implications: <i>(What happens to your child?)</i> | |
| Action to be taken as a result: <i>(Plan of action)</i> | |
| Is your child up-to-date with immunisations? | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>(Please provide verification of all immunisations)</i> | |
| For staff: Immunisation records sighted and details recorded: | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |

Medicine

| Category (1) Medicines | |
|---|---|
| A category (1) medicine is a non-prescription preparation (such as 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 (1) preparations that will be used. | |
| Do you approve category (i) medicines to be used on your child? | Tick One 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: | |
| <input type="checkbox"/> Sunscreen (Sunburn protection) | <input type="checkbox"/> Stingose(insect bite treatment) |
| Parent/Guardian Signature: _____ | Date: ____ / ____ / ____ |

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| | |
|--|--------------------------|
| Category (2) Medicines | |
| Category (2) 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 (2) 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 (3) 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 <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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Helpful information

- Are you likely to read messages, notices and newsletters by email and text?
(circle which you will use) Yes No
- Do you have access to a computer and the use the internet at home? Yes No
- I will allow teachers to name child items that come to the centre? Yes No
- Indicate any allergies, intolerances or reactions to food, drinks or other items. (*Comment*).
- Does your child have special dietary requirements in relation to allergies, health or culture? (*Comment*)

- Child's strengths, interests and preferences:
Please tell us about your child's strengths, interests and preferences that my not be covered in the Me and My Whanau. (This maybe more personal to the child)

Under 2 Children only (Child will be placed on back to sleep unless otherwise requested)

Parents written request if different to above. Please describe.

Parent/Guardian Signature _____ Date ____/____/____

◆ Enrolment Details for you child:

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Sunflowers Preschool Enrolled hours are 8.30am - 3.30pm per day. (7 hours per day)

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.

| | | | | | | |
|---|--------|---------|-----------|----------|--------|-----------------------|
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | Total hours enrolled: |
| Time period enrolled: | | | | | | |
| For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours per day at any service. | | | | | | |
| 20 Hours ECE at this service - Sunflowers Preschool | | | | | | Total hours for week: |
| 20 Hours ECE at another service | | | | | | Total hours for week: |
| Parent/Guardian Signature: _____ Date: ___ / ___ / ___ | | | | | | |

◆ 20 Hours ECE Attestation:

1. Is your child receiving 20 Hours ECE for up to six hours per day 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** (*select one*) enrolled at another early childhood institution at the **same times** that he/she is enrolled at Sunflowers Preschool.

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

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

Declaration

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| ▪ I understand I am required to sign my child in and out of the centre daily. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I agree to my child being observed, photographed, evaluated by teachers and records kept for individual, group and centre planning. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I give permission for my child's name and photo to be published in such things as a Sunflowers Preschool centre displays, notices, facebook or newsletters. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I understand where I can view the centre policies and procedures and know where they are held in the centre. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I have been supplied with and have read a copy of the Sunflowers Preschool Cybersafety and Child Appropriate Materials Policy. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ In the event of more serious accident or illness when a contact can not be reach, I authorise centre staff to transport my child to the Local Waikari Health Centre. Medical costs incurred will be the responsibility of the parent. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I give permission for Hearing and Vision tests to be carried with my child at Sunflowers Preschool. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I understand my child may be taken to alternative location in the event of an emergency. E.g. Civil Defence location Hurunui College. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I give permission for my child to go on local outings/walks within the Hawarden village. The child to adult ratio will be a maximum of 1:4 and 1:2 for under 2 children. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I will not bring my child to the centre with any sign of illness where there is a chance that the illness will be passed onto another child. E.g. Chicken pox, conjunctivitis, dysentery, hepatitis, acute cold, whooping cough, salmonella, meningitis, school sores, human foot and mouth. My child will be free from symptoms for 48 hours before returning to the Sunflowers Preschool. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I understand and agree to the fees charged as per the fee schedule current at the time of attendance. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I understand the preschool has the right to change the fees and will give sufficient notice. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I accept full responsibility for payment of the fees charged and understand they are paid the week the child attends. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I understand that if fees are not paid, the dept will be passed to a debt collection agency for collection. You will be responsible for payment of any changes that are incurred as a as a result of this action being taken. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I understand the centre has the right to discontinue a child's enrolment in certain situations. E.g. fees not paid. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I will notify the centre of any changes in the details provided on this enrolment form. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I understand that some information the enrolment form will need to be shared with other staff. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. The preschool is not open on Statutory holidays.

Other information

- **Policy Statement:** Sunflowers Preschool 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.
- **Enrolment Pack:** Please ensure you have read the information in the enrolment pack 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.

Check List

- **Child Identification:** Identity verification of your child on enrolment.
- **Immunisation records:** Immunisation records for your child on enrolment.

◆ 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 Sunflowers Preschool, I declare that this form has been checked and all relevant sections have been completed.

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

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