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| **Enrolment Form** |
|  **OFFICE USE ONLY** **Date of Enrolment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exit Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_NSN\_\_\_\_\_\_\_\_\_\_\_** |
| **⧫ 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\* sighted by staff: |
| ❑ New Zealand birth certificate ❑ New Zealand passport❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Foreign birth certificate❑ Foreign passport**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:** |
|  All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act 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: |
|  Post Code: |  Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |
| Relationship to child: | Relationship to child: |

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| **Authorised for pick up:** |
| **Given names:** | **Given names:** |
| **Surname / family name:** | **Surname / family name:** |
| Address: | Address: |
|  Post Code: |  Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |

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

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| **Child’s doctor:** |
| Name: | Phone: |
| Name of medical centre: |

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| **Health** |
| Illness/allergies: |
| Is your child up-to-date with immunisations?  | *Tick One* | Yes |  | No |  |  |
| (Please provide verification of all immunisations) |
| **For staff:** Immunisation records sighted, and details recorded:  | *Tick One* | Yes |  | No |  |  |

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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?  | *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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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) |
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| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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|  **Enrolment Details:** |
| * I understand **Nature’s Point** has a minimum enrolment of 5 hours per day.
* I understand that there is a two-week notice period for when my child leaves or decreases enrolled days.
* Notice must be given in writing and is taken from the date the notice is received. This notice period is charged by the centre regardless of whether your child attends or not.

**Signed**  |
| Date of Enrolment: \_\_\_ /\_\_\_ / \_\_ | Date of Entry: \_\_\_ /\_\_\_ / \_\_\_ | Date of Exit: \_\_\_ /\_\_\_ / \_\_\_ |
| **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 |  |
| Times Enrolled: |  |  |  |  |  | Total hours: |
| **For 20 Hours ECE 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ 20 Hours ECE 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 |  |  |
|  |
| 1. 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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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 [insert name of service]. |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Statutory Holidays / Term Breaks** |
| This enrolment agreement is **inclusive**of school term breaks. **Nature’s Point** does not operate on statutory holidays. |

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| **Required Information for Licensing Purposes** |
| * **Excursions:** My child has my permission to participate in walks to Kirk’s Bush, football field or around the Centre, in the local community with in 2 km with other children and regulated staff Ratios (attached is the consent form with Ratios). Conditions stated in the excursions policy including ratios by means of public transport will be adhered to at all times**.**

 **Tick One Yes No**  |
| * **Medical emergency:** I authorise a registered staff member, in the event of illness or accident, to seek medical or other advice as deemed necessary, for my child’s best interest**.**

 **Tick One Yes No**  |
| * **Photo/video:** As part of the planning process we gather art work and photos/videos of all children, I agree that my child may have their photo/videos taken by employed staff for the purpose of displaying program planning and portfolios. Please be aware that photos/video of your child will be uploaded to the Parent Portal, weekly web based newsletters, and may also be used for educational purposes by visiting education teachers and students**.**

 **Tick One Yes No**  |
| * **Advertising Material:** I understand photos/videos may possibly be used for **Nature’s Point** promotional material such as Facebook, flyers, website and local newspapers. Permission will be sort prior to publishing**.**

 **Tick One Yes No**  |
| * **Policy Statement:** **Nature’s Point** 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**.**

 **Tick One Yes No** |
| * **Parent Information Book**: Please ensure you have read the information in the parent handbook as it covers important details about **Nature’s Point** such as policies, fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service**.**

 **Tick One Yes No**  |
| * **Payment of fees:** I agree to pay childcare fees as per the Centre’s attached Terms of Trade and understand that any costs incurred in the recovery of overdue fees will be payable by me**.**

 **Tick One Yes No** |

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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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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|  **Parent/Whanau Involvement** |
| Would any member of your family like to be involved in **Nature’s Point** learning programme and give us some parent help in areas like: Kirk’s Bush exploration, Reading books, Gardening Projects etc. **Tick One Yes No** **What area interests you………………………………………………………** |
| **⧫ Service Declaration** |
| On behalf of **Nature’s Point**, I declare that this form has been checked and all relevant sections have been completed. |
| Service Provider (Manager) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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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| **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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| **Change of Days/Times of Enrolment:** |
| **Effective Date of Change:** \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday |  |
| Times Enrolled: |  |  |  |  |  | Total |
| **For 20 Hours ECEfill out boxes below** |
| 20 Hours ECE at this service |  |  |  |  |  |  |
| 20 Hours ECE at another service |  |  |  |  |  |  |
|  |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **Excursion Notification** **Southern Park (Field) and Kirk’s Bush**  |

Dear Parents / Caregivers:

We recognize the importance of real-life experiences for children especially connecting deeply and richly to the natural environment. Short excursions support children in learning about the people, places and things in the local community and provide opportunities for rich and meaningful learning.

To ensure the well-being and safety of the children when they go out of the centre on excursions, inherent risks involved in outings must be managed and careful supervision maintained.

Therefore, recently we have reviewed our excursion policy, ratio and risk assessment and hazards management plan.

Please read and sign the consent form below

Thank you for your support.

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| **Parent / Guardian Consent**  |

I give permission for my child (Name) to participate in short excursions to Kirk’s Bush, Football field (Southern Park) or around the centre

I understand and agree to the ratios for the trip and method of transport as per trip details outlined.

Southern Park Ratio Kirk’s Bush Ratio

Infants and Toddlers (under 2’s) -1:4 Infants and Toddlers-1:3

Toddlers(2-3 age group) 1:5 Toddlers (2-3) 1:4

Preschool (3-5 age group) 1:6 Preschool (3-5) 1:5

Yes / No

I confirm that the medical information on my child’s enrolment details is current and up to date and that there is no new allergies or medical information that the centre needs to know to ensure their safety and well being on the trip. Yes / No

(If unsure please check enrolment details at the centre)

I have read the Risk Assessment and Hazard Management Plan Yes/No

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: