

Enrolment form

Centre <input type="radio"/> Early Childhood Learning Centre	
Child	
Child's official given name / Te Ingoa o tō Tamaiti:	<input type="radio"/> Female/Kotiro <input type="radio"/> Male/Tane
Name child is known by / preferred name:	Date of birth/Te rā whānau:
Child's official surname / family name:	
Child's official other names / middle names:	
Child's primary residential address/Kainga:	
Child's Ethnic origin/Punga mātāwaka:	Iwi your child belongs to:
Copy of official identity verification document* collected by staff:	
<input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign certificate <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other:	Staff initials:
Language/s spoken at home:	
Privacy Statement	
<p>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.</p> <p>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.</p> <p>You can find more information about national student numbers at www.minedu.govt.nz/parents</p> <p>* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents</p> <p>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p>	
Parents/Guardian(s)/Ngā matua	
Name:	Name:
Address:	Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Email:	Email:
<input type="radio"/> University staff/Roopu kai mahi Department:	<input type="radio"/> University staff/Roopu kai mahi Department:
<input type="radio"/> University student /Iwi whānui Course:	<input type="radio"/> University student /Iwi whānui Course:
<input type="radio"/> Community user/Akonga Place of employment:	<input type="radio"/> Community user/Akonga Place of employment:

Emergency contacts – Name two (2) people in Christchurch we can contact if we are unable to reach you

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Email:	Email:
Able to collect your child on your behalf? <input type="radio"/> Yes <input type="radio"/> No	Able to collect your child on your behalf? <input type="radio"/> Yes <input type="radio"/> No

Collection of child – Other person(s) named below will be allowed to collect your child on your behalf

Name:	Name:
Phone:	Phone:

Please list anyone who is forbidden to have access to your child, or who has conditional access, by reason of court order (please provide a copy of relevant details)

Name:	Name:
Name:	Name:

Medical details

Family doctor/Te ingoa o tō tākuta:

Address and phone number:

Medical condition or special needs your child has:

Please attach additional information AND Individual Action Plan AND the appropriate permission for medication.

Immunisation details

Copy of the following provided and sighted: <input type="checkbox"/> Well Child book <input type="checkbox"/> Immunisation certificate <input type="checkbox"/> Proof of immunisation from overseas	Immunisation status at enrolment: <input type="checkbox"/> Fully immunised to 15 months old <input type="checkbox"/> Not fully immunised to 15 months old <input type="checkbox"/> Fully immunised to 5 years old <input type="checkbox"/> Not fully immunised to 5 years old	Date:
		Sighted by:

Bookings	Monday	Tuesday	Wednesday	Thursday	Friday
Time start					
Time finish					
ECE hours					
Date of enrolment:	Start date:		Exit date:		

Minimum booking 2 days

For 20 hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 hours ECE at this service					Total number of hours:
20 hours ECE at another service					Total number of hours:
Parent/Guardian Signature:				Date:	

Privacy statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form must be signed and dated by the parent/guardian.

20 Hours ECE Attestation

Is your child receiving 20 hours ECE for up to six hours per day, 20 hours per week at this service? Yes No

Is your child receiving 20 Hours ECE at any other service? 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 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 section.

Parent/Guardian Signature:

Date:

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.

Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood service at the same times that he/she is enrolled at this service.

Parent/Guardian Signature:

Date:

Permissions (please select)

I give permission for my child to be photographed/ videoed while at the centre. I understand these may be used for learning journals, centre displays or as part of the programme. Yes No

I give permission for any such photography/video to be used for publicity purposes. Yes No

I give permission for my child to be photographed/ videoed by parents of the centre on special occasions such as birthdays, graduation/ leaving parties. Yes No

I give permission for my child to be given an NZ-approved sunblock as required. Yes No

I give permission for my child to be given basic first aid treatment by the teachers when required. Yes No

I give permission for my child to be taken for emergency treatment if required and I accept responsibility for any expenses incurred. Yes No

I give permission for my child to be changed by the teachers when necessary. Yes No

I give permission for my child to be observed by students in the course of training. These observations will not include the child's name and copies will be forwarded to parents on request. Yes No

I give permission for my child to be taken on walks around the University campus. I agree to the teacher/child ratio as specified in the Excursion Policy which can be found at the centre or on EYCE website. Yes No

Parent/Guardian Signature:

Date:

Policy statement

I understand my child's enrolment at the Centre is guaranteed only as long as my fees account does not fall into arrears.

I understand that four weeks' notice is required for any change of booking, holiday or termination.

I understand four weeks' fees may be payable in lieu of notice where insufficient notice is given for change of booking or termination.

I understand that full fees will be payable if insufficient notice is given for holidays.

I have read and understood the EYCE Financial Policy which is available at the centre and on EYCE website. I agree to abide by the Policy.

I understand the Centre and EYCE have a number of policies that set out the procedures in place for the care and education of the children who attend. These are available for reading at the Centre and EYCE website. I agree that signing this enrolment agreement form indicates I will abide by the policies of EYCE and this service. I understand I can contribute to EYCE / the centre's policies as they come under review.

This enrolment agreement is inclusive of school term breaks.

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 _____
(centre name), I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date:

Official Use Only

Deposit of \$ _____ has been collected from parent/caregiver.

Mode of payment (tick the relevant one):

CASH

CHEQUE _____ dated _____

OTHER (please specify) _____

Name & Signature of Staff:

Date: