



**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\* 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 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.

Any changes to this form **must** be signed and dated by the parent/guardian.  
22 Ellerton Road, Mt Eden. Ph 09 281 3203 022 416-3393  
Email- [info@ellertonpreschool.co.nz](mailto:info@ellertonpreschool.co.nz) Web- [www.ellertonpreschool.co.nz](http://www.ellertonpreschool.co.nz)

You can find more information about national student numbers at: [eli.education.govt.nz](http://eli.education.govt.nz)

\* Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://eli.education.govt.nz)

**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:

|                               |                               |
|-------------------------------|-------------------------------|
| <b>1. Given names:</b>        | <b>2. Given names:</b>        |
| <b>Surname / family name:</b> | <b>Surname / family name:</b> |
| 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:        |

### Authorised for pick up:

|                               |                               |
|-------------------------------|-------------------------------|
| <b>Given names:</b>           | <b>Given names:</b>           |
| <b>Surname / family name:</b> | <b>Surname / family name:</b> |
| 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:

|       |       |
|-------|-------|
| Name: | Name: |
| Name: | Name: |

**Additional Emergency Contacts (also able to pick up child):**

|                               |                               |
|-------------------------------|-------------------------------|
| <b>1. Given names:</b>        | <b>2. Given names:</b>        |
| <b>Surname / family name:</b> | <b>Surname / family name:</b> |
| 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  No

(Please provide verification of all immunisations)

**For staff:** Immunisation records 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 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:

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 Details:**

- I understand **Ellerton Preschool** has a minimum enrolment of 4 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**◆ 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

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** enrolled at another early childhood institution at the same times that he/she is enrolled at [insert name of service].

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**◆ Statutory Holidays / Term Breaks**

This enrolment agreement is **inclusive** of school term breaks. **Ellerton Preschool** does not operate on statutory holidays, however fees are still charged to cover operational costs.

**Required Information for Licensing Purposes**

- **Excursions:** My child has my permission to participate in walks in the local community within 2 km with other children and regulated staff Ratios are 1:4 for 3-5 years. 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 **Ellerton Preschool** promotional material such as Facebook, flyers, website and local newspapers. Permission will be sort prior to publishing.

Tick One      Yes       No

- **Policy Statement:** **Ellerton Preschool** has several 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 **Ellerton Preschool** 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

### ◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent/ Whānau Involvement

Would any member of your family like to be involved in **Ellerton Preschool** learning programme and give us some parent help in areas like: Excursions, reading books, gardening projects etc.

Tick One      Yes       No

What area interests you.....

### ◆ Service Declaration

On behalf of **Ellerton Preschool**, I declare that this form has been checked and all relevant sections have been completed.

Service Provider (Manager) 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: ____ / ____ / ____ |        |         |           |          |        |       |

| 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: ____ / ____ / ____ |        |         |           |          |        |       |