



Te Whare Rama

EARLY LEARNING CENTRES

Enrolment Agreement Form

- Te Whare Rama - Balcairn Street
 Te Whare Rama - Edinburgh Street

- Te Whare Rama - Lyttelton Street
 Te Whare Rama - Cobham Street

◆ Child's details:

Child's **official Surname** or **Family name**:

Child's **official Given name**:

Child's **official Other names / Middle names**:

Name your child is known by / preferred name:

Surname / Family name:

Given name:

Copy of official identity verification document collected by staff attached

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:

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:

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

Custodial Statement

Are there any custodial arrangements concerning your child? **YES/NO**

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):

1. Given names:

2. Given names:

Surname / family name:

Surname / family name:

Relationship to the child:

Relationship to the child:

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:

Relationship to the child:

Relationship to the child:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

◆ Privacy Statement:

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

<https://www.nzqa.govt.nz/login/national-student-number-nsn>

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
<https://www.education.govt.nz/early-childhood/funding-and-data/early-learning-information/questions-and-answers/national-student-numbers-nsn>

We are committed to keeping children healthy and safe. We may share information with appropriate agencies (such as health and education providers or other agencies involved with your child's life) if sharing that information will protect or improve the safety, health or well-being of a child. Our agency by law can always share information with Oranga Tamariki and the Police.

Child's Doctor:

Name:

Phone:

Name of Medical Centre:

Health

Illness/allergies/food you do not want your child to eat:

Is your child up-to-date with immunisations?
(please provide immunisation certificate or plunket book)

Tick One

Ye
s

No

For staff: Immunisation records sighted and details recorded:

Tick One

Ye
s

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.

Do you approve category (i) medicines to be used on your child? *Tick One* Ye
s No

Name/s of specific category (i) medicines that can be used on my child, **provided by service**:

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Toothpaste ▪ Sodium chloride eye wash | <ul style="list-style-type: none"> ▪ Arnica cream ▪ Pawpaw cream |
| <ul style="list-style-type: none"> ▪ Wound cleaning wipes ▪ Sunblock | <ul style="list-style-type: none"> ▪ Calendula cream ▪ Cornflour |

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.
Please see a staff member if your child needs this.

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, timing, symptoms to watch for and dose of medicine:

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

◆ Enrolment Details:

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: ____ / ____ / ____

◆ 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 Te Whare Rama Early Learning Centre.

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: ____ / ____ / ____

Permissions

I give permission for:

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Medical attention to be obtained for my child in an emergency | <input type="checkbox"/> | <input type="checkbox"/> |
| • My child to take part in informal excursions away from the preschool. Informal excursions include walks to places of interest in the community e.g. parks, library. Ratios of 1 Adult to 3 Children or better will be observed and risk management will be carried out. Further information is contained in the Excursions Policy. | <input type="checkbox"/> | <input type="checkbox"/> |
| • My child to be photographed and videoed while at Te Whare Rama or on Te Whare Rama business. These will be used for assessment (Educa/Profile books), planning, evaluation, displays, promotional material | <input type="checkbox"/> | <input type="checkbox"/> |
| • My child to be photographed and videoed for posting on TWR website | <input type="checkbox"/> | <input type="checkbox"/> |
| • My child to be photographed and videoed for posting on Facebook | <input type="checkbox"/> | <input type="checkbox"/> |
| • My child to be photographed and videoed for posting on Instagram | <input type="checkbox"/> | <input type="checkbox"/> |
| • Te Whare Rama to give relevant child details to the Canterbury District Health Board as and when requested by them for the purpose of the Vision Hearing Testing Service. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Te Whare Rama's collection, use and display of my child's information on the Educa Application in accordance with the Privacy Policy set out on the Educa website
http://www.educa.co.nz/privacy-policy | <input type="checkbox"/> | <input type="checkbox"/> |

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

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Terms and Conditions

- **Policy Statement:** Te Whare Rama 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.
- Te Whare Rama reserves the right to change the fee rate and fee policy at any time following reasonable notification in writing. In the event that any fee or charge remains outstanding beyond the time specified in the current policy, my child's booking may be terminated by the ELC. (usually one week's notice).
- I understand that I am to pay fees on a weekly or fortnightly basis unless an agreement is formed between myself and the Manager for another time frame.
- I accept that the responsibility for payment of fees rests with me, irrespective of any arrangement with third parties, for example, WINZ, for payment.
- I understand that, to meet administrative and staffing demands, one week's written notice is required to increase my child's enrolment booking and two weeks' written notice is required to reduce or permanently cancel my child enrolment in every case, or at Manager discretion.
- I understand that if my child attends the centre for less than half of their enrolment agreement per month, as per the Frequent Absence Rule in the MOE funding handbook, I will be required to pay the Ministry of Education funding.
- I understand that if my child receives 20 hours ECE and attends over 6 hours per day/ 20 hours per week, I will be required to pay the Centre fees.
- I understand that Te Whare Rama Early Learning Centres are based on the principles and teachings of Jesus Christ and Biblical Truths.
- I understand that this enrollment agreement is **inclusive** of school term breaks.
- I have received a copy of the Ministry of Health Guidance – Reducing food related choking for babies and young children and I understand its contents <https://www.health.govt.nz/system/files/documents/publications/reducing-food-related-choking-babies-young-children-early-learning-services-apr21.pdf>

I agree to the above Terms and Conditions.

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: ____ / ____ / ____

Office use only

◆ Service Declaration

On behalf of Te Whare Rama ELCs, I declare that this form has been checked and all relevant sections have been completed.

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

Please note: This form must be completed in full and supporting documents provided before the enrolment is accepted.