

Enrolment Agreement Form

◆ 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: / /

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:

Our organisation is 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.

We will use and disclose your child's information only in accordance with the Vulnerable Children Act 2014 and the Privacy Act 2020. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

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.

*You can find more information about national student numbers at: <https://www.education.govt.nz/early-childhood/funding-and-data/early-learning-information/questions-and-answers/national-student-numbers-nsn/>

| ◆ 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: |
| 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 <u>cannot</u> 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: |
| Child's doctor: | |
| Name: | Phone: |
| Name of medical centre: | |
| Health | |
| Chronic Illness/allergies: | |
| Implications or Actions to be followed: | |

special dietary requirements eg vegan, vegetarian etc or any other health concerns:

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:**

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Oasis sunscreen | <ul style="list-style-type: none"> ▪ Arnica Cream |
| <ul style="list-style-type: none"> ▪ Allermed spray | <ul style="list-style-type: none"> ▪ Rescue Remedy |
| <ul style="list-style-type: none"> ▪ Rōngoa i.e Kawakawa balm | <ul style="list-style-type: none"> ▪ |

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: ____ / ____ / ____

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

Version: November 2022

◆ Enrolment Details:

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

We require two weeks' notice of cancellation of enrolment

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.

Full day hours: 8.45 to 3.15 Morning: 8.45 to 12.15 Afternoon: 12.15 to 3.15

| | | | | | | |
|-----------------|--------|---------|-----------|----------|--------|--------------|
| 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: (fill in if your child is 3 yrs or over)

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 Nature Kids.

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

◆ Donation

The \$1.00 per hour Donation ensures that we are able to

- Provide a minimum 80% qualified teachers
- Provide a ratio of 1:6, 2:16, 3:24 or better
- Provide home baking and shared meals with family and Whanau
- Provide extensive grounds maintenance for the large outdoor space
- Provide abundant freshly grown fruit and vegetables
- Provide spare wet weather gear
- Provide animal care for a range of animals
- Provide sunscreen and sunhats

I **agree/do not agree** (*select one*) to pay the donation for the activities/items specified in this enrolment agreement form.

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

◆ Statutory Holidays / Term Breaks

Nature Kids will be closed during primary school term breaks and statutory holidays.

◆ Required Information for Licensing Purposes

▪ **Excursions:** I give permission for my child to be taken for short excursions in groups by teachers along Pah St West, to Te Āwhina Marae, around the block and within the boundary of 12 Queen Victoria St (3 acres) with no more than 6 children per adult. (see excursions risk management forms in the licencing folder at the sign in desk)

Tick One Yes No

▪ **Photo/video:** I give permission for my child to be photographed/videoed and his/her name and age used for publicity for the centre, centre website, display at the centre, group or individual records or for students to use in assignments only.

Tick One Yes No

◆ Other information

- **Policy Statement:** Nature Kids 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.
- **I have read and understand the Ministry of Health guidelines for reducing food related choking in Early Childhood Education**

▪ **Fees:** \$7.50 per hour Do you want your invoice emailed **YES** **NO**

Overdue accounts: We have the right to charge overdue fees, interest and collection costs on all accounts not paid by their due date.

- **Wetbag:** We have wetbags available for **\$15.00**. If you would like us to provide please circle below. We will not provide plastic bags for wet clothes.

Yes I want a wetbag invoiced to me

No I will provide a wetbag

- **Transitional School Visits:** Information from local schools is kept at the sign in desk.

Date transition begins _____

Signature Parent _____ Date: ____ / ____ / ____

◆ Hearing and Vision Checks

- Hearing and Vision checks are carried out on all 4 year olds as part of the B4 School Check
- Your permission is needed the hearing and vision check.
This is for the Hearing and Vision Check ONLY

Permission for

_____ to have a hearing and vision check when he/she is four

Signature Parent _____ 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 Nature Kids, I declare that this form has been checked and all relevant sections have been completed.

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