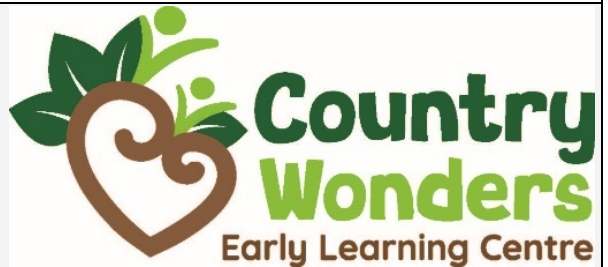


Enrolment Agreement Form

Country Wonders Limited
 57 Hodgsons Rd Loburn
 Ph: 021 748 435
 Email: mel@countrywonders.co.nz



◆ 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:

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.

3. Given names:		4. 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:	
Emergency Contacts- Additional person/s who can pick up your child:			
Given names:		Given names:	
Surname / family name:		Surname / family name:	
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 <u>cannot</u> pick up your child:			
Name:		Name:	
Name:		Name:	
Child's doctor:			
Name:		Phone:	
Name of medical centre:			
Health			
Illness/allergies:			
Is your child up-to-date with immunisations? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>			
(Please provide verification of all immunisations)			
For staff: Immunisation records sighted and details recorded: <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>			

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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? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, provided by service :	
▪ Arnica	▪ Saline
▪ Non prescribed nappy rash cream (Zinc & Castor oil)	▪
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: <i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: ____ / ____ / ____

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Sunblock	
Do we have permission to apply sunblock to your child when appropriate for the weather conditions?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: ____ / ____ / ____						

◆ 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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> ▪ 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: ____ / ____ / ____

Required Information for Licensing Purposes

- Regular excursions are undertaken in accordance with the Excursions Policy. For outings to Loburn school and to the Preschool farm a ratio of 1 staff to 6 children for children aged two years and over will be maintained, 2:20 to farm, 2:15 for Loburn school. Under 2 years will be 1:4 or 2:10 farm, 1:3 Loburn school For other outings you will be notified as to the staff/child ratio.

Yes / No

- Be taken by Ambulance to a medical centre in the case of an emergency

Yes / No

- Be photographed both individually and in group learning for the purposes of assessment, planning and evaluation.

Yes / No

- Have their photos both individual and group shared through Story Park, our online sharing platform available to our children's families and teachers, utilised to keep you up to date with your child's learning.

Yes / No

- Have their photos/videos posted on our centre Facebook page as a way to share our centre and its environment to perspective families and their children.

Yes / No

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

Primary School:

Primary school your child will attend: _____

Food Labelling:

Lunch boxes, drink bottles must be labelled. The preschool will not give food or drinks to children if it is not identifiable.

I agree to label all food items.

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

Early and Late Snacks:

We can provide light early and late snacks to children who wish, these will be in accordance with our centre policy *Preparation and Eating of foods*, and will meet the requirements of the *food act 2014 national programme*. All foods offered will be recorded and kept on file for 3 months **Additional food offered sheet**.

I agree to my child being offered early/late snacks.

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

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Policy Information

- Policy Statement: Our centre 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.
- Fees Schedule and Policy: I have read the fees schedule and agree to abide by the policy.
- Important Health and Safety Information: I have read and acknowledge the information provided including Ministry of Health guidance on reducing food related choking.
- Parent Information Book: Please ensure you have read the information in the parent handbook as it covers such things as medical information and ways in which we can help you and your child settle into the service

◆ Privacy Statement:

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 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

◆ 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 [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

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Version: August 2015