



## ENROLMENT AGREEMENT FORM

### Child's details

Child's **official surname** or **family name**: \_\_\_\_\_

Child's **official given name**: \_\_\_\_\_

**Child's official other names / middle name:**

(please separate names with 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:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

### Parents details

**Parent 1. Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone work \_\_\_\_\_ Home \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

**Parent 2. Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone work \_\_\_\_\_ Home \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

**Emergency contacts (Must be able to collect child in the case of illness / emergency)**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone number \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone number \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

**Is there any person who is prohibited access to your child Yes / No**

Name \_\_\_\_\_ Custody order on file **Yes / No**

Family Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Has your child got any health problems or allergies Yes / No If yes please provide details

\_\_\_\_\_

Is there any other information we should know about your child? \_\_\_\_\_

\_\_\_\_\_

**Immunisations** - It is a requirement that we maintain an immunisation register.

Is your child immunised yes / No Certificate sighted yes / No

If no, please briefly state reason \_\_\_\_\_

**Booking Time Table**

I wish my child to be booked in for the following days and hours.

Day Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Times Enrolled						
For 20 free hours fill out boxes below with hours attested e.g. 6 hours						Total Hours
20 Free hours at this service						
20 Free hours at another service						

Enrolment date: \_\_\_/\_\_\_/\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ Exit Date \_\_\_/\_\_\_/\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Dual Enrolment Declaration:

I hereby declare that my child is not enrolled at another early childhood education institution at the same times that he/she is enrolled at The Treasure Cove.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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 services? 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.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Medicine**

Category (i) Medicine

A category (i) is a non-prescribed preparation (such as arnica, antiseptic liquid, insect bite treatment) that is not ingested that is 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? Yes / No

Names of specific category (i) medicines that can be used on my child- Provided by Service:

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please indicate below whether you give permission for your child to:**

- Attend small local excursions with an adult to child ratio of no more than 1:3 nursery/toddlers 1:4 preschool children (this may include the use of public transport: bus or train). Yes / No
- Have the Public Health Nurse visit when she calls Yes / No
- Be taken to the Medical Centre in the case of an emergency Yes / No
- Be photographed by our early childhood staff, students or other parents for centre display or portfolio purposes only Yes / No

**In signing this enrolment form I hereby:**

- Agree to pay the fees on the basis of the current “Fees Schedule” as attached and agree to pay my child’s fees at least one week in advance. I understand that my child’s place may be forfeited if the fees are not kept up to date.
- Agree to abide by the Centre policies and rules as outlined in the “Parents Handbook” of which I have been given a copy.
- I advise that I have applied for a Department of Work and Income Childcare Subsidy  
   Yes / No    Hours applied for \_\_\_\_\_
- I hereby understand that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to another child.
- I understand that I must hand all medication to staff on admission and sign the medication book.
- I verify that the information that I have given above is true and correct.

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_    **Date** \_\_\_\_\_

**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.

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

\*Information about acceptable identity verification documents is available online at [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).

**The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.**

**How did you hear about our centre?**

- Yellow Pages  
 Local paper advertisement  
 Referral from another parent  
 Other - \_\_\_\_\_

<p><b>Office only</b> - Parent has been given the following information on enrolment</p> <p><input type="checkbox"/> Enrolment form</p> <p><input type="checkbox"/> Fees schedule</p> <p><input type="checkbox"/> Parent Handbook</p> <p><input type="checkbox"/> Staff have sighted and copied Immunisation Booklet.</p>
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## Photo/Video Consent Form

At The Treasure Cove Early Learning Centre we take video and photo's of your child/ren during their day to experiences. These are used both on Story Park our online portfolio programme and also for publicity purposes (website or flyers etc). By signing this form you are giving permission for these images/videos to appear on our website, Story Park, printed publications and centre cell phone use. Story Park is not open for anyone to view, it is a password protected private space for you, your child's teachers and your family (see our ICT Policy for further information).

**Please be aware that we cannot monitor who each family member gives their password/login information to but we hope that will be vigilant and responsible. We advise you to be careful who you share your logon information with.**

I give permission for The Treasure Cove Early Learning Centre to use photographs/videos of my child/ren. This includes:

Story Park Online Portfolio	Yes / No
Website	Yes / No
Printed Publications	Yes / No
Centre Phone Use	Yes / No

(printed publications includes but is not limited to flyers, pamphlets, newspaper articles, advertisements etc).

Signed:

Date:

Your Name:

Child/ren's Name (please print):

Relationship to Child:

### Conditions of use:

- We will not include details or full names of any child or adult in any images and/or videos.
- If we use photos of individual children we will not use the name of that child in the accompanying text or photo caption without further consent.
- We may use group images with generic labels such as "creating a masterpiece".
- We will only use images of children who are suitably dressed to reduce the risk of such images being used inappropriately.
- We may use text accompanying photos of child/ren's voice with first name only.