



The Treasure Cove 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**:

Name your child is known by / preferred name:

Surname / family name:

Given name:

Official Identification document/s sighted 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:

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.

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:
OK to Collect? Yes/No	OK to Collect? Yes/No
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:
OK to Collect? Yes/No	OK to Collect? Yes/No

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:
Relationship to child:	Relationship to child:

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):
Relationship to child:	Relationship to child:

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 <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

Child's Doctor	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies/dietary restrictions:	
Has your child got any health problems, allergies or dietary restrictions? Yes / No	
If yes, please provide details:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <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 Cream (NatuPharm)	▪ Antiseptic Cream/Liquid (Thursday Plantation – Tea Tree)
▪ Insect Bite Cream (Anthisan)	▪
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

Category (ii) Medicines	
<p>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.</p>	
<p>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.</p>	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Category (iii) Medicines	
<p>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.</p>	
For staff: Individual health plan sighted and a copy taken:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Tick One:</i>	
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: ____ / ____ / ____

Please indicate below whether you give permission for your child to:	
-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
-Have centre sunscreen applied after lunch (parent/guardian to apply before arrival).	Yes / No
<p>I give permission for my child to attend regular local excursions and approve an adult to child ratio of 1:2 for under 2 and 1:4 for over 2 (this may include the use of public transport: bus or train).</p>	
Parent/Guardian Signature _____	Date _____

Enrolment Details:

Date of Enrolment: ___/___/___ Start Date: ___/___/___ Date of Exit: ___/___/___

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:

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.

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 The Treasure Cove Early Learning Centre.

Parent/Guardian Signature: _____ Date: ___/___/___

Photo/Video Consent Form

At The Treasure Cove Early Learning Centre we take videos and photos of your child/ren during their day to day 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 login 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

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

Conditions of use:

- We will not include details or full names of any child or adult in any images and/or videos on our website or in printed publications without further consent.
- 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 and/or of child/ren's voice with their first name only within the centre environment.

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

Parent Declaration

- I agree to pay the fees on the basis of the current "Fee 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.
- I agree to abide by the Centre policies and procedures as outlined in the "Parents Handbook" of which I have been given a copy.
- I advise that I have applied for a 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 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 The Treasure Cove Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____