

Enrolment Form



Child's Details

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

Child's official **Given Name:**

Child's official **Other/Middle Names:**
(please separate names with a comma):

Name Child is known by/preferred Name:

Child's Date of Birth:

Male

Female

Child's Primary Residential Address:

Postcode

Child's **Ethnic Origin/s:**

IWI Child Belongs To:
If applicable

Language/s Spoken at Home:

Permission for Excursions:

Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).

Parent/Guardian's Signature:

Date:

Permission for Photos/Video:

Permission for the child to be photographed for the purposes of assessment, planning and evaluation. **Please tick items for which you give permission.**

Portfolios

Slideshows

Newsletters

TLC Website

Parent Education Documents

Educa (secure web based application available to parents & whaanau only)

Parent/Guardian's Signature:

Date:

Copy of official identity verification document* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

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

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

Privacy Statement as Stipulated by the Ministry of Education:

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.http://parents.education.govt.nz

Child's Health Details

Doctor's Name:

Practice Name:

Practice Address:

Practice Phone:

Is your child up-to-date with immunisations?

(please provide verification of all immunisations)

tick one

Yes

No

For staff: *Immunisation records sighted and details recorded:*

tick one

Yes

No

Any Illness/Allergies:

Category i Medicines

Category (i) medicine is a non-prescription preparation 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 the following category i medicines to be used on your child? *Please Tick*

Arnica Cream

Calendula Cream

Sunscreen

Nappy Cream

Homeopathic Tooth Med

Insect Bite Treatment

Parent/Guardian's Signature:

Date:

DD

MM

YYYY

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's Signature:

Date:

DD

MM

YYYY

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.

Parent/Guardian's Signature:

Date:

DD

MM

YYYY

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's Details

Contact 1 Name:

Address:

Home Phone:

Work / Mobile Phone:

Email:

Relationship to Child:

Contact 2 Name:

Address:

Home Phone:

Work / Mobile Phone:

Email:

Relationship to Child:

Additional Persons who can pick up your child

Contact Name:

Phone No:

Relationship to Child:

Contact Name:

Phone No:

Relationship to Child:

Contact Name:

Phone No:

Relationship to Child:

Contact Name:

Phone No:

Relationship to Child:

Note: Contact Phone Numbers are Compulsory

Contact phone numbers are compulsory for all persons who can pick up your child. The centre must be notified as soon as any contact phone numbers change, and the enrolment initialed with the change.

Emergency Contact Details

People **other than the parent or guardian** that can be contacted in the case of an emergency

Emergency Contact 1 Name:

Address:

Home Phone:

Work / Mobile Phone:

Relationship to Child:

Emergency Contact 2 Name:

Address:

Home Phone:

Work / Mobile Phone:

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**)

Persons who CANNOT pick up your child

Contact Name:

Contact Name:

Contact Name:

Enrolment Details

Please complete the table below with requested start date, and **preferred/requested** days and times. We will endeavor to meet your requested days, however, if we offer you days which are different to those listed below, you will need to sign another enrolment agreement.

Our hours of operation are between 7.30am and 5.30pm. A part day is any 7 hours. We have a minimum of 3 days attendance

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's Signature:

Date:

DD

MM

YYYY

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? *Tick One*

Yes

No

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's Signature:

Date:

DD

MM

YYYY

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 Learning Centre.

Parent/Guardian's Signature:

Statutory Holidays & Term Breaks

TLC does not operate on statutory holidays, but these days are charged for, with the exception of those that fall within our end of year close down. The Dates of our closedown vary from year to year, and are notified in advance. TLC does not charge for during our annual close down.

Optional Charges Information For Children Over Three

The optional charge is for: Additional staff beyond the regulated adult/child ratios. Providing a fully qualified team, who undertake regular and ongoing professional learning. The 20 HRS ECE subsidised optional charge for a 7 hour day is \$55.50, and for a full day is \$67.

I understand that if I agree to pay for the optional charge, The Learning Centre Ltd may enforce payment.

The agreement to pay the optional charge will last for: when the child turns 3, until the child leaves, or the family opts out of the 20 HRS ECE subsidy for any reason.

The rules about making changes to the agreement are: to opt out of this you need to provide TLC with 28 days written notice. Parents cannot benefit from a WINZ subsidy AND the subsidised 20 HRS ECE rates, but CAN benefit from WINZ for hours attended over those 20 if your child is enrolled for more than three days per week.

Only children over three years of age are eligible for the 20 HRS ECE subsidised charges.

*I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty. **Parents/Guardians opting not to pay the 20 HRS ECE subsidised optional charge will instead need to pay the standard advertised fees with TLC's late payment penalty of 10% and are subject to our usual financial policy.***

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

Parent/Guardian's Signature:

Date:

Policy Statement

The Learning 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. **This includes agreeing to provide TLC with 28 days written notice if a child is leaving TLC.**

Parent/Guardian Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian's Signature:

Date:

Service Declaration

For staff to complete. On behalf of The Learning Centre Ltd, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date: