Enrolment Agreement Form
Kiddos Childcare Birkdale

♦ 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:

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:

Child's Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.

Official Identification document/s sighted by staff:

❑ New Zealand birth certificate ❑ Foreign birth certificate

❑ New Zealand passport ❑ Foreign passport

Other_____ **Staff initials**: _____

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:
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:
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):

♦ 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:
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:

♦ 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**:

▪ Anica Cream for Bruises (Brand: Martin & Pleasance)	▪ Antiseptic Cream for Grazes (Brand :Savlon Antiseptic Cream)
▪ Antihistamine Spray for Bites (Brand: RID Medicated Insect Repellent Tropical)	▪ Barrier Cream for Nappy Rash(Brand :Sudocream)
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:_____/ _____/ _____

♦ 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 cannot pick up your child:

Name:	Name:
Name:	Name:

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 ☐

♦ Health

Illness/allergies:

♦ Child's doctor:

Name:	Phone:
Name of medical centre:	

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:_____/_____/ _____					

♦ 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?

	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.
- Your 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.

♦ Dual Enrolment Declaration

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

I hereby declare that my ~~child **is/is not** enrolled at another ear~~ly childhood institution at the same times that he/she is enrolled at Kiddos Childcare Birkdale

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

♦ Optional Charges:

1. The optional charge is for: (give details of specific activities or items, and their costs)

- Morning Tea, Lunch, Afternoon Tea - $1.00 per hour and additional resources.

2. I understand that if I agree to pay for the optional charge, Kiddos Childcare Birkdale may enforce payment.
3. The agreement to pay the optional charge will last until the child leaves the centre.
4. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.
5. I **agree/do not agree** *(select one)* to pay the optional charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature:

Date:_____/____/ ____

♦ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. The centre is closed for all public holidays; however, fees will still be charged for these days.

Required Information for Licensing Purposes

- **Excursions:** We/I give permission/not permitted (circle one) for the child to take part in regular excursions with the ratio of no more than 1:2 for children under 2 years and no more than 1:4 for children aged 2 years and over.

- **Photo/video:** We/I give permission/not permitted (circle one) for my child to be photographed for the purposes of assessment, planning and evaluation. Also, for the use of students that attend the centre to carry out their practicum studies.
- Permission is also given/not given (circle one) for photos of my child/children's photo to appear on the centre's website www.kiddoschildbirkdale.co.nz and Facebook Page : Kiddos Childcare Birkdale.
- We/I agree/do not agree to the teaching staff in completing the B4 School Questionnaire supplied by the Ministry of Health.
- We/I agree/do not agree to my child taking part in walks in and around our community. This includes trips to local schools for Transition to School visit.

Parent/Guardian Signature:

Other information

- **Policy Statement: Kiddos Childcare Birkdale** 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.
- **Parent Information Book**: Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.
- **The rule about making changes to the agreement are:**
- Inform the manager of any change of days and hours, giving at least 1 week notice.

- Give 2 weeks' notice if child wishes to leave the centre.

♦ Parent Declaration

I declare that all the above information is true and correc

Parent/Guardian Signature:

♦ Service Declaration

On behalf of Kiddos Childcare Birkdale, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:	Date:_____/____/ _____