

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 : (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:		
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____	Staff initials: _____	
Child's date of birth: / /		Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
Child's primary residential address: _____		
Post Code:		

Privacy Statement:
<p>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.</p> <p>Details about your child's identity will be shared with:-</p> <ul style="list-style-type: none"> 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. Ngunguru School for the purpose of forecasting their roll and to enable them to contact you regarding your child's preschool visits. Plunket for the purposes of planning local clinics for Well Child checks and B4 School checks. Dental Services for the purpose of planning local clinics for dental checks.

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:
Occupation:	Occupation:
Relationship to child:	Relationship to child:

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):
Relationship to child:	Relationship to child:
Email:	Email:

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?

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:

Child's doctor:

Name:

Phone:

Name of medical centre:

Health

Illness/allergies:

Is your child immunised?

Tick One

Yes

No

(If yes please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded:

Tick One

Yes

No

Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic cream, 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. We supply and apply sunscreen in the summer terms. If your child requires alternative sunscreen you will need to supply this and advise staff.

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:**

▪ Arnica Cream (for bumps)

▪ Anthisan (for stings and bites)

▪ Savlon (antiseptic)

▪ Sunscreen

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.

I acknowledge that written authority from a parent/caregiver 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:

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: ____ / ____ / ____

Required Information for Licensing Purposes

- **Excursions:** I give permission for centre staff to take my child in small groups on short walks outside the centre and visits to the beach, playground etc. Staff to child ratios will not exceed one to four. The Centre will require my signature for other organised excursions.

Yes / No

- **Photo/video:** Staff will take photos of the children for the purposes of assessment, planning and evaluation. These photos will sometimes be used for display in the centre and some photos will be used for stories that may go into many portfolio books that will be sent home. Please indicate if you give your permission for your child's photo to be taken for these purposes. The Privacy Act applies with regard to the taking and use of these photos. Your written permission will be sought for any other circumstances such as student assignments or use on the centre website.

Yes / No

- **Sick Children:** In signing this enrolment form, I agree to the Centre policy that I am not to bring my child to the Centre when they are suffering from any condition that is capable of being easily transmitted to other children. (please refer to sickness policy).

- **Fees Agreement:** In signing this enrolment form I agree to pay the fees on the basis of the fee schedule that is current at the time. I understand and accept that irrespective of any arrangement with any third party (e.g. WINZ, A.C.C or another Adult) to pay the fees, the full responsibility sits with me.

Proposed Days/Times of Enrolment: (please tick)**Proposed Start Date:** ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
School Day:						
Full Day:						

Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge. I undertake to adhere to the requirements and regulations of Pipis Childcare and Preschool. I understand that failure to comply with these requirements and regulations could lead to my child's exclusion from Pipis.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Service Declaration (for staff)

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

Service Provider Signature: _____

Date: ____ / ____ / ____