



ENROLMENT AGREEMENT FORM (Reg 47 GMA10)

NSN

Due Start Date: _____ Centre: _____

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 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 _____/_____/_____ Male Female

Child's ethnic origin/s	Iwi your child belongs to	Language/s spoken at home

Child's primary residential address: _____ Post Code: _____

Has your child ever previously been enrolled in an ECE service YES No

If YES name of service _____ Hrs per week: _____

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. The 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.eli.education.govt.nz

Parents/Guardians:

1. Given names: Surname/family name: Address: Postcode: Phone: (h) (w) Mobile: Email: Relationship to child:	2. Given names: Surname/family name: Address: Postcode: Phone: (h) (w) Mobile: Email: Relationship to child:
3. Given names: Surname/family name: Address: Postcode: Phone: (h) (w) Mobile: Email: Relationship to child:	4. Given names: Surname/family name: Address: Postcode: Phone: (h) (w) Mobile: Email: Relationship to child:

Additional Person/s who can pick up your child:

Given Names: Surname/family name: Address: Postcode: Phone: (h) (m)	Given Names: Surname/family name: Address: Postcode: Phone: (h) (m)
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Additional Emergency Contacts (also able to pick up child)

Given Names: Surname/family name: Address: Postcode: Phone: (h) (m)	Given Names: Surname/family name: Address: Postcode: Phone: (h) (m)
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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 the court order is required)

Person/s who CANNOT pick up your child:

Name:	Name:
Name:	Name:

*Any changes to this form **must** be signed and dated by the parent/guardian.*

Child's Doctor:

Name: _____ Phone: _____

Name of Medical Centre _____

Health:

Illness/allergies: _____

Is your child up to date with the immunisations? Yes No

(Please provide verification of all immunisations (e.g. Well Child Book)

For Staff: Immunisation records sighted and details recorded Yes No

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 '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

Name/s of specific category (i) medicines that can be used on my child, **provided by the service:**

* Stingoes * Arnica * Dettol Cream * Savlon

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 the parent for the use of that child only or, in relation to Rongoa Maori (Maori 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:** ____/____/____

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 Yes No

Name of Category (iii) medicine: _____

Method and dose of medicine: _____

When does the medicine need to be taken: (state time or specific symptoms?)

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

*Any changes to this form **must** be signed and dated by the parent/guardian.*

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 e.g. 8am – 4pm						Total hours:
For 20 hours ECE please fill out the boxes below with 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 6 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 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: To be completed for ALL children 0-6yrsI hereby declare that my child **is / is not** enrolled in another Early Childhood institution at the same times that he/she is enrolled at ***Pinnacles Early Learning Centre***

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

Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. Centre closes only for Statutory Holidays.

Required Information for Licensing Purposes:

Excursions: I give permission for my child to take part in regular excursions (under the conditions stated in the Excursions Policy)

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

Photo/video: I give permission for my child to be photographed /videoed for the purposes of assessment, planning and evaluation. Photographs may be displayed in the Centre, included in Child Portfolios, Storypark and/or used in the Centre Newsletter /Brochures etc., sent via parent portal or included on the Centre website.

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

Service Agreement:

I agree to **pay my child's fees on time**, one week in advance by Direct Debit / Automatic Payment / Cash.

I agree to lodge all applicable WINZ /ELP childcare subsidy forms immediately

I agree to give at least one weeks written notice of any changes to enrolment days/times

I agree to give two weeks written notice before withdrawing my child from the Centre.

I acknowledge that Pinnacles Early Learning Centre reserves the right to engage the services of a debt collector (BAYCORP) and to charge costs incurred by the collector to recover outstanding amounts.

Weekly Fees: \$ _____

Less WINZ / ELP payments: \$ _____ (if applicable)

Balance due each week: \$ _____

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

Staff Signature: _____ **Date:** ____/____/____

Parent Declaration:

Policy Statement: Pinnacles Early Learning Centre has a number of policies that set out the procedures that are in place for the care and education of children who attend. We strongly urge you to read these. The signing of the Enrolment Agreement Form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.

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

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

Service Declaration:

On behalf of PINNACLES EARLY LEARNING CENTRE, I declare that this form has been checked and all relevant sections have been completed:

Service Provider/Administrator Signature: _____ Date: ____/____/____

Office Use Only:

Copy of Official Identity Verification provided	<input type="checkbox"/>	National Student Number Allocated	<input type="checkbox"/>
Copy of Immunisation Record provided	<input type="checkbox"/>	Custody documents supplied (if applicable)	<input type="checkbox"/>
2 Emergency Contacts provided	<input type="checkbox"/>	Doctors details provided	<input type="checkbox"/>
Individual Health Plan attached	<input type="checkbox"/>	20 ECE Hrs Attestation signed and dated	<input type="checkbox"/>
WINZ /ELP forms complete	<input type="checkbox"/>	Parent Handbook given to parent	<input type="checkbox"/>
Special Education Referral required	<input type="checkbox"/>	Dental and Vision forms	<input type="checkbox"/>

Date	Action (ph., email, text)	Response	Follow up