

Start date:

Finish date:

◆ 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:

 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:

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: eli.education.govt.nz

* Information about acceptable identity verification documents is available online at eli.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 service.

Child's doctor:

Name of the doctor:

Phone number

Name of the medical centre:

Address of the doctor:

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

Parents / Guardians:	
Mr /Mrs / Miss /Ms	Mr /Mrs / Miss /Ms
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 your child):	
We can contact in an emergency to collect your child if YOU are unavailable.	
Mr /Mrs / Miss /Ms	Mr /Mrs / Miss /Ms
Given names:	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:	
Mr /Mrs / Miss /Ms (Emergency / Pick up only)	Mr /Mrs / Miss /Ms (Emergency / Pick up only)
Given names:	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:

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

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: Relationship to child:	Name: Relationship to child:
Name: Relationship to child:	Name: Relationship to child:
Health	
A gentle reminder that we are a nut free centre (incl. tree nuts). Please check packaging before sending food in your child's lunch box.	
Illness / Allergies / Special diet: (Please circle if applies) –	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations) (e.g. <i>Well Child Book</i>)	
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.	
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, Riverhills Early Learning Centre:	
▪ Arnica	▪ Antiseptic liquid Sunblock
▪ Insect bite cream	▪ Saline solution
I understand that my child may be taken to an alternative location in a severe emergency, e.g. Civil defence post.	
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: ___ / ___ / ___

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

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:	<i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
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?	
	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	
	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> ▪ 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: ____/____/____	

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

◆ 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 **Riverhills Early Learning Centre**.

Parent/ Guardian **Signature:** _____

Date: ____ / ____ / ____

Permissions:

(Circle one)

- | | |
|--|----------|
| 1. I give permission for my child's hearing and vision to be checked as part of the B4 school check after their 4 th birthday by the Ministry of Health | Yes / No |
| 2. Photo/video: I give permission give permission for my child to be photographed for the purposes of assessment, planning and evaluation e.g. (planning, learning stories, centre displays and newsletters).
NOTE: Prior permission of the parents / guardians will be sought if any photos are to be used for promotional material | Yes / No |
| 3. Excursions: I give permission for my child to take part in local <u>regular excursions</u> to the local park, primary schools, short walks, shops, community, shops, library with the company of staff members. (under the conditions stated in the service's excursions policy). Information and permission slips will also be given to parents/guardians prior to all <u>planned excursions</u> , excluding walking excursions/regular excursions . | Yes / No |
| 4. What's app photos / Videos: I give permission for my child's photo's / video's / reminders to be sent to me through what's app (mobile application). E.g. (Celebration photos, engaged in activity photos, special day photos at the centre. These photos will ONLY be shared with parents/ Guardians of children. Mobile number (what's app number): _____ | Yes / No |
| 5. Transitional School Visits: Riverhills has a transition to school programme. 4-year-old children go to school and spend time with the new entrant teacher. We will provide you with information regarding the school visits. The transition to school programme is not compulsory. | Yes / No |

Parent / Guardian Signature: _____

Date: ____ / ____ / ____

Required Information for Licensing Purposes:

Policy Statement: Riverhills Early 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.

Parent Information Book: Please ensure you have read the information in the parent handbook as it covers such things as fee (s) terms & conditions, 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. We have enclosed a separate form – 'All About Me' to help us better understand your child.

Weekly Fees: Fees are to be paid weekly before Friday 9:00 pm, even if your child is absent for any reason. A change of \$10.00 per day will be applied to your account if the fees are not paid by Friday. If account balances remain unpaid, then all costs of debt collection will be payable by you.

Withdrawal - We require at least **2 weeks written notice** if your child is leaving the centre or changing / reducing their permanent booking hours or days (Manager's discretion). All fees are payable during this period, **even if the child doesn't attend the centre**.

I have read and understood Fee (s) Terms and conditions of Riverhills Early Learning Centre

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. **Riverhills Early Learning Centre** is closed on Statutory Holidays.

Normal fees are charged for statutory holidays.

◆ Parent Declaration

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

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

◆ OFFICE USE ONLY

<input type="checkbox"/> Child birth certificate / Passport	<input type="checkbox"/> Proof of address
<input type="checkbox"/> Child's Immunisation 15 months or and 4-year-old	<input type="checkbox"/> Allergy or Individual health /plan (if required)
<input type="checkbox"/> Parent's I. D – Passport / Licence	<input type="checkbox"/> Legal papers (If applicable) e.g. custody papers
<input type="checkbox"/> NSN number allocated	<input type="checkbox"/> Enrolment details on system/ contact list updated

◆ Service Declaration

On behalf of Riverhills Early Learning Centre

, I declare that this form has been checked and all relevant sections have been completed.

Service Provider name & signature: _____ Date: ___/___/___

Change of Days/Times of Enrolment:

Effective Date of Change: ___ / ___ / ___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

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

Change of Days/Times of Enrolment:

Effective Date of Change: ___ / ___ / ___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

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

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

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____			Date: ____ / ____ / ____			

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____			Date: ____ / ____ / ____			

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____			Date: ____ / ____ / ____			

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