



**ENROLMENT FORM-**

<b>Child:</b>			
Child's first names:		Surname:	
Name your child is known by:			
Child's date of birth:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Ethnic origin:			
Iwi your child belongs to:			
Child's home address or addresses:			
Postcode			

**Parents / Guardians:**

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

**Emergency Contacts:**

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Phone (Mobile):	Phone (Mobile):
Email:	Email:

**Doctor:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

◆ 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 number of hours:

**For 20 Hours ECE fill out boxes below with hours attested e.g. 6 hours**

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of 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?      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 Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*(Note- your child will not be allowed to leave the Centre with anyone not included as person's responsible unless you give this information separately on the day when there is to be a change of person).*

**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 court order is required)

**Person/s who cannot pick up your child:**

Name:	Name:
Name:	Name:

**Person/s who can pick up your child:**

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post code:	Post code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post code:	Post code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verifications of all immunisations)	
Immunisations record sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

Medicine	
<b>Category (i) Medicines</b>	
A 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 category (i) medicines to be used on your child?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service</b> :	
<ul style="list-style-type: none"> <li>▪ arnica cream for bruising/not on any abrasion</li> </ul>	<ul style="list-style-type: none"> <li>▪ a saline solution – water &amp; salt.</li> </ul>
<ul style="list-style-type: none"> <li>▪ baking soda or vinegar for insect bite.</li> </ul>	
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	
Individual health plan completed and signed:	<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: ____ / ____ / ____

Specific foods are identified as **not to be included in lunch boxes-** your signature acknowledges your agreeing to this healthy foods request. We welcome ongoing dialogue, as more information on nutrition becomes known.

<b>Required Information for Licensing Purposes</b>	
<ul style="list-style-type: none"> <li>▪ Excursions: we ask you to be familiar with the Centre travel policy and procedures. Centre adult:child ratio into the community for walks is 1:5</li> <li>▪ There will be separate permission forms to sign when the excursion is by vehicle. You will be fully informed on all proposed excursions by vehicle (refer to the Centre Excursion Policy)</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Permission for the child to take part in regular excursions (under the conditions stated in the excursions policy)</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Photo/video: this is your permission for your child to be photographed for the purposes of assessment, planning and evaluation. These photographs are for child portfolios which belong to you and your child.</li> <li>▪ I give permission for my child's photograph to go on the Centre web site. Yes: <input type="checkbox"/> No: <input type="checkbox"/></li> </ul>	
<b>Other information possible to include on this Enrolment Agreement Form</b>	
<ul style="list-style-type: none"> <li>▪ <b>Policy Statement:</b> Aroha 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.</li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Parent Information Book:</b> 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.</li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Privacy Statement:</b> All personal information on your child will be kept securely and remain confidential.</li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Child's strengths, interests and preferences:</b> Please tell us about your child's strengths, interests and preferences- for this purpose we enclose a ME form for you and your child to fill in together.</li> </ul>	
<ul style="list-style-type: none"> <li>▪ <b>Transitional School Visits:</b> Aroha Early Learning Centre has made very good connections with our local schools, please ask about the School Transition folder and talk to the teacher responsible for the Centre senior room.</li> </ul>	
<b>Additional information relating specifically to the Aroha Early Learning Centre:</b>	
I agree to a <b>maximum parking time (5mins)</b> at drop off/pick up when using designated drive through. I agree <b>not to park</b> on neighbouring grass verge on the Gilbert Street side of the Centre, <i>as agreed to in the Centre resource consent.</i>	
<b>Methods of payment:</b> accounts will be issued and payment requested fortnightly, unless prior arrangements are made with management. Otherwise all unpaid accounts will incur costs.	

<b>◆ Parent Declaration</b>	
I declare that all the above information is true and correct to the best of my knowledge	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____
<b>◆ Service Declaration</b>	
On Behalf of the Aroha Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____ / ____ / ____