



## Enrolment Agreement Form

CHILD'S DETAILS			
Child's official surname or family name:		Child's official given name:	
Official other / middle names:		Name your child is known by / preferred name	
Copy of official identity verification document* sighted 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 _____		<b>Staff initials:</b> _____	
Child's date of birth:		Gender:	
Child's ethnic origin/s:		Iwi your child belongs to:	
Language/s spoken at home:		NSN Number:	
Primary residential address:			
Post Code:			

**PRIVACY STATEMENT**

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy Statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).

Additionally, all Privacy statements must include the exact wording below: 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 (Mobile):		Phone (Mobile):	
Phone (Work):		Phone (Work):	
Phone (Home):		Phone (Home):	
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 (Mobile):		Phone (Mobile):	
Phone (Work):		Phone (Work):	
Phone (Home):		Phone (Home):	

Email:  
Relationship to child:

Email:  
Relationship to child:

**ADDITIONAL EMERGENCY CONTACTS (also able to pick up child)**

1. Given names:  
Surname / Family Name:  
Address:  
Post Code:  
Phone (Mobile):  
Phone (Work):  
Phone (Home):  
Email:  
Relationship to child:

2. Given names:  
Surname / Family Name:  
Address:  
Post Code:  
Phone (Mobile):  
Phone (Work):  
Phone (Home):  
Email:  
Relationship to child:

3. Given names:  
Surname / Family Name:  
Address:  
Post Code:  
Phone (Mobile):  
Phone (Work):  
Phone (Home):  
Email:  
Relationship to child:

4. Given names:  
Surname / Family Name:  
Address:  
Post Code:  
Phone (Mobile):  
Phone (Work):  
Phone (Home):  
Email:  
Relationship to child:

**ADDITIONAL PERSON/S WHO CAN PICK UP YOUR CHILD**

1. Given names:  
Surname / Family Name:  
Address:  
Post Code:  
Phone (Mobile):  
Phone (Work):  
Phone (Home):  
Email:  
Relationship to child:

2. Given names:  
Surname / Family Name:  
Address:  
Post Code:  
Phone (Mobile):  
Phone (Work):  
Phone (Home):  
Email:  
Relationship to child:

**CUSTODIAL STATEMENT**

Are there any custodial arrangements concerning your child? Tick One  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 CANNOT PICK UP YOUR CHILD**

Name:  
Relationship to child:  
Conditional Access Terms:

Name:  
Relationship to child:  
Conditional Access Terms:

**PERMISSIONS**

Please indicate below whether you give permission for your child to:

Can Be Used In Group Stories (Storypark)

Yes  No

Can Attend Walks

Yes  No

Can See Health Nurse

Yes  No

Can Be Taken To Medical Centre

Yes  No

Can Use Image For Planning

Yes  No

Can Use Image For Study

Yes  No

Can Use Image For Facebook

Yes  No

Can Use Image For Newsletters

Yes  No

Can Use Image For Notices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can Use Image For Newspaper	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can Use Image for Playground	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vision Hearing Consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excursions Consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**CHILD'S DOCTOR**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of medical centre: \_\_\_\_\_

**HEALTH**

Illness/allergies:  
 Specify any allergies: \_\_\_\_\_  
 Childhood Diseases/Diagnosis: \_\_\_\_\_  
 Special Diet: \_\_\_\_\_  
 Is your child up-to-date with immunisations? Tick One  Yes  No  
 (Please provide verification of all immunisations)  
 For staff: Immunisation record sighted and details recorded: Tick One  Yes  No

**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 (**including brands names**) 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**: \_\_\_\_\_  
 \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**CATEGORY (II) MEDICINES**

A category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc.) or non-prescription (such as paracetamol liquid, cough syrup, bonjella etc.) medicine that is used for a specific period of time to treat a specific condition or symptom, provide by a 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: 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: \_\_/\_\_/\_\_

**STATUTORY HOLIDAYS / TERM BREAKS**

This enrolment agreement is **inclusive** of school term breaks. Elm Tree is closed on all Public Holiday's. Public holiday's are charged at normal price.

**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	Total hours
Times Enrolled:						

 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**FEES**

We have a minimum of three 6 hour days here at Elm Tree.

Minimum hours per day is 6

Our fee structure is:

**Enrolment Fee**

\$65.00 one off enrolment fee

**Under Three**

\$7.50 per hour

\$135.00 for an under 3 for 18 hours per week

\$300 for a full time week for 40 or more hours

**Over Three**

20 hours free ECE - you can use up to 6 ECE hours per day

\$7.50 Per hour after the allocated 20 hours have been used

\$187.50 for a full time week for 45 or more hours

**Early / Late Fees**

Early or late fees are charged at \$5.00 per 5 minutes

Late fees after 5.30pm will be at \$25 per 15 mins late

**Account**

Fees are to be paid one week in advance into Elm Tree's Back account:

02-0466-0351590-000

Please ensure you use your reference code on your statement.

**Invoices:**

Invoices are sent out each Tuesday at 4pm.

**FOR 20 HOURS ECE FILL OUT BOXES BELOW WITH THE HOURS ATTESTED E.G. 6 HOURS**

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
20 Hours ECE at this service						
20 Hours ECE at another service						
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.
- 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: \_\_/\_\_/\_\_

**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 Elm Tree Early Learning Centre

Parent/Guardian Signature: \_\_\_\_\_

Signing Date: \_\_/\_\_/\_\_

**PARENT DECLARATION**

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

**Service Declaration**

On behalf of Elm Tree Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

**CENTRE POLICIES**

**Parents Involvement - GMA2-4**

Dear Whānau

Elm Tree welcome your involvement in our daily centre life and encourage to you to have an input in regular reviews of our philosophies, policies, and procedures.

Notices and conversations requesting your involvement may come about via Storypark, Newsletters, or Surveys. Our policy reviews will be also presented at reception for your input. We have a centre operations policy and procedure manual that is kept in reception for you to look at whenever you may like.

At Elm Tree we love to celebrate some big moments with all our tamariki and whānau. Throughout the year you will receive invitations for celebrations such as Easter, Mothers and Fathers Days, Chinese New Year, Matariki, Diwali, Christmas, and more.

Please feel free to chat with us if you have any thoughts, ideas, or would like to discuss anything.

Thank you for allowing us the privilege of nurturing your child's heart, body, and mind. We welcome you all into our Elm Tree family.

Excursions - By signing this form you give us permission to take your child on a regular walking trips to both The Elms and The Rose Gardens.  
**Regular Trips**

**Child Name:** .....

The regular short walks as described in Elm Tree Early Learning Centres Excursion policy are to the following locations, adhering to the below teacher child ratios and risk management.

The Rose Gardens on Cliff Road  
 RATIOS: 1:6 Fantails 1:4 Kiwi 1:2 UNDER2's (Tui)

The Elms on Mission Street  
 RATIOS: 1:6 Fantails 1:4 Kiwi 1:2 UNDER2's (Tui)

Walking near roads	Children could run on to a road and get hit by a car. Children could also get hit by a reversing car from a drive way.	When walking near roads and other potential danger the children will hold hands with an adult or hold on to the push chair. There will be no more than one child between the adult and the road. Particular care must be taken when walking on footpaths past driveways. Extreme care is needed for all road crossings. Pedestrian crossings will be used whenever possible. Care will be taken of parked cars and cars which stop to allow children to cross - other drivers may not see the children. Children will not wait close to the curb. Conversations with children about road safety will happen at these times to enforce their safety.
Road crossings	Children could get hurt or hit by a car.	Supervision is paramount - children must be closely supervised by the teachers in public. Children will not be left alone nor should be left in a situation where other adults could harm them.
Adults within public areas	Children could be at risk from unsafe adults in the community	Teachers will accompany children to the toilet when using public toilets. For children this will mean the Teacher will go inside the toilet block with them or use a 'family room'.
Public toilets	Children could be at risk from other adults using the toilets	Teachers should assist children to avoid contact with unleashed animals such as dogs. Children should be encouraged not to approach any dogs or other animals while on walks or outings. If at an animal park children will be assisted and closely supervised when feeding animals
Animals	Children could be bitten, scratched or harmed by animals.	Supervision is paramount - children must be closely supervised by the teachers in the garden. Children will not be left alone.
Plants	Children could get scratched by a plant, eat a poisonous plant or be stung by an insect on a plant.	

I give permission for my child to go on "Regular outings" to the above locations with the mentioned teacher child ratios. I understand that I will be required to give written consent for any other special excursion including ones in which my child is required to travel by motor vehicle.

Parent/Guardian Name..... Signature.....

ChildName:.....

Date:.....