



Enrolment Form

Enrolment Information

20 Hours ECE Enrolment Hours and Attestation Information for Early Childhood Education Services.

Sections marked with this symbol **◆** are required to be included in every Enrolment Agreement Form (20 Hours ECE sections are not applicable if the service does not offer 20 Hours ECE). Wording cannot be changed in sections marked with **◆**, except to add relevant details for your service.

Child Details **◆**

Child's official surname _____

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 _____

Official identification document/s sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other

Staff initials _____

Child's date of birth _____

Gender Male Female

Ethnic origin/s _____

Iwi your child belongs to _____

Language/s spoken at home _____

Child's primary residential address

Postcode _____



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 ♦

Parent / Guardian one

Given names _____ Surname / family name _____
Address _____
Postcode _____ Phone (Home) _____
Phone (Work) _____ Phone (Mobile) _____
Email _____ Relationship to child _____

Parent / Guardian two

Given names _____ Surname / family name _____
Address _____
Postcode _____ Phone (Home) _____
Phone (Work) _____ Phone (Mobile) _____
Email _____ Relationship to child _____

Parent / Guardian three

Given names _____ Surname / family name _____
Address _____
Postcode _____ Phone (Home) _____
Phone (Work) _____ Phone (Mobile) _____
Email _____ Relationship to child _____

Parent / Guardian four

Given names _____ Surname / family name _____
Address _____
Postcode _____ Phone (Home) _____
Phone (Work) _____ Phone (Mobile) _____
Email _____ Relationship to child _____

Additional person/s who can pick up your child:

Person one

Given names _____ Surname / family name _____
Address _____ Postcode _____
Phone (Home) _____ Phone (Work) _____

Person two

Given names _____ Surname / family name _____
Address _____ Postcode _____
Phone (Home) _____ Phone (Work) _____

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 cannot pick up your child

First name _____

Surname _____

First name _____

Surname _____

First name _____

Surname _____

First name _____

Surname _____

Additional Emergency Contacts ♦

(Also able to pick up child)

Emergency contact one

Given names _____

Surname / family name _____

Address _____

Postcode _____

Phone (Home) _____

Phone (Work) _____

Phone (Mobile) _____

Email _____

Emergency contact two

Given names _____

Surname / family name _____

Address _____

Postcode _____

Phone (Home) _____

Phone (Work) _____

Phone (Mobile) _____

Email _____

Emergency contact three

Given names _____

Surname / family name _____

Address _____

Postcode _____

Phone (Home) _____

Phone (Work) _____

Phone (Mobile) _____

Email _____

Emergency contact four

Given names _____

Surname / family name _____

Address _____

Postcode _____

Phone (Home) _____

Phone (Work) _____

Phone (Mobile) _____

Email _____

Child's Doctor ♦

Name _____ Phone _____

Name of medical centre _____

Health ♦

Illness / allergies

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

(Please provide verification of all immunisations)

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 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 about the category (i) preparations that will be used.

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 service:

- Cancer society kids pure 50+ sunblock
- Lucas pawpaw ointment

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 _____

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 completed and signed 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** _____

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 EGE fill out boxes below with the hours attested e.g. 6 hours

Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
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 ♦

Is your child receiving 20 Hours ECE for up to six 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 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 Ako Langimalie Preschool.

Parent / Guardian Signature _____ Date _____

Optional Charges ♦

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

The optional charge is for:

- School trips / outings
- Resources

1. I understand that if I agree to pay for the optional charge, Ako Langimalie may enforce payment.
2. The agreement to pay the optional charge will last for the entire time this child is enrolled
3. The rules about making changes to the agreement are that two weeks' written notice is required or by signing changes on the change of enrolment form herewith; 2 weeks prior to changes taking effect.
4. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.
5. I agree/do not agree (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form

Parent / Guardian Signature _____ Date _____

Statutory Holidays / Term Breaks ♦

This enrolment agreement is inclusive of school term breaks/holidays.

Ako Langimalie is not open on the following public holidays if they fall on a weekdays: New Year's Day, Day after New Year's Day, Local Anniversary Day, Waiting Day, ANZAC Day, Good Friday, Easter Monday, Queens' Birthday, Labour Day, Christmas Day and Boxing Day. Your usual full weeks' fee, is still due during these weeks.

Authorisation Agreement

Excursions

My child has my permission to participate in local community walks (regular excursion to Rowandale reserve) with other children and appropriate staff ratios. Ratios of Adult: Child 1:2 for children under two and 1:4 for children over 2.

Parent / Guardian Signature _____ Date _____

Photo/video

As part of the planning process and to document learning, we gather artwork and photos or videos of all children.

I agree that my child may have his/her photo taken as well as be included in:

StoryPark Group Stories Yes No

StoryPark Community Posts Yes No

I give permission for:

The use of photos and names to be used on the Ako Langimalie Preschool's Facebook page, website and use for Ako Langimalie Preschool's materials Yes No

Parent / Guardian Signature _____ Date _____

Policy Statement

Ako Langimalie Preschool 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 details, 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.

Transitional School Visits

Information on transition arrangements.

Correspondence School Enrolment

Details of enrolment agreement.

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 ♦

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

Parent / Guardian Signature _____ Date _____

Change of Days/Times of Enrolment

Effective Date of Change _____

Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Times enrolled					
Total number of hours					

For 20 Hours EGE fill out boxes below with the hours attested e.g. 6 hours

Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
20 Hours ECE at this service					
Total number of hours					
20 Hours ECE at another service					
Total number of hours					

Parent / Guardian Signature _____ Date _____