



Enrolment Agreement Form

Two ways to submit this form:

Option 1

- Fill out the form in your browser (excluding the signature sections)
- Download 'with your changes' on your computer
- Open the downloaded file and electronically sign the form
- Save file
- Email the form to akolangimalie1@gmail.com

Option 2

- Fill out the form in your browser (excluding the signature sections)
- Download 'with your changes' on your computer
- Open the downloaded file and print the form
- Manually sign and scan
- Email the scanned file to akolangimalie1@gmail.com

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.

* Information about acceptable identity verification documents is available online at eli.education.govt.nz

Child Details

First names _____ Surname _____

Name your child is known by _____

Copy of official identity verification document* collected by staff

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other

Staff initials _____

Date of birth _____

Gender Male Female

Ethnic origin _____

Iwi your child belongs to _____

Child's home address or addresses

Postcode _____





Parent / Guardian Details

Parent / Guardian one

First names _____ Surname _____

Relationship _____

Street Address _____

Suburb _____ City _____

Postcode _____ Phone (Home) _____

Phone (Work) _____ Phone (Mobile) _____

Email _____

Parent / Guardian two

First names _____ Surname _____

Relationship _____

Street Address _____

Suburb _____ City _____

Postcode _____ Phone (Home) _____

Phone (Work) _____ Phone (Mobile) _____

Email _____

Emergency Contacts

Emergency contact one

First names _____ Surname _____

Relationship _____

Street Address _____

Suburb _____ City _____

Postcode _____ Phone (Home) _____

Phone (Work) _____ Phone (Mobile) _____

Emergency contact two

First names _____ Surname _____

Relationship _____

Street Address _____

Suburb _____ City _____

Postcode _____ Phone (Home) _____

Phone (Work) _____ Phone (Mobile) _____

Doctor

Name _____ Phone _____

Street Address _____

Suburb _____ City _____

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
Times enrolled					
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 _____

Optional Charges

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.

Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at: Ako Langimalie

Parent / Guardian Signature _____ Date _____

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 _____

First name _____ Surname _____

Person who can pick up your child

First name _____ Surname _____

Relationship _____

Street Address _____

Suburb _____ City _____

Postcode _____ Phone (Home) _____

Phone (Work) _____ Phone (Mobile) _____

Person who can pick up your child

First name _____ Surname _____

Relationship _____

Street Address _____

Suburb _____ City _____

Postcode _____ Phone (Home) _____

Phone (Work) _____ Phone (Mobile) _____

Health

Illness / allergies

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

(Please provide verifications of all immunisations)

Immunisations record/certificate 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

The first aid kit specific category (i) medicines that can be used on my child, provided by service

Parent / Guardian Signature _____ Date _____

Category (ii) Medicines

Are those medicines for specific conditions signed in the medicine book.

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 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 _____

Parental Permissions

I agree that my child participate in the following (in accordance with the relevant Ako Langimalie Policy)

- Excursions: Trips to children's events,tours,shows, museum, outings etc with permission slip
- Observations by students from practicums
- Publicity for Ako Langimalie
- Display of work on Walls of Ako Langimalie
- Basic First Aid
- Storage of photos and video on the Ako Langimalie Computer
- Research for early childhood with Permission Slip
- Permission for the child to take part in regular excursions/ local outings/walks.

I Agree/Disagree

- For my child to be put to sleep during the operational hours
- Health check by Auckland District Health Board, Hearing Vision Testing with permission slip
- Basic First Aid
- Photo/video: permission for Ako Langimalie use and for the purposes of assessment, planning and evaluation and can be used for advertising in newspaper and other media purposes.

Other Enrolment Agreement Form Information

Policy Statement

Ako Langimalie 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.

Privacy Statement

All personal information on your child will be kept securely and remain confidential.

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

Court Orders

Are there any court orders affecting day to day care or contact with your child? Yes No

If **YES**, please provide information for our records.

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

Service Provider 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					
20 Hours EGE at this service					
20 Hours EGE at another service					

Service Provider Signature _____ Date _____

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					
20 Hours EGE at this service					
20 Hours EGE at another service					

Service Provider Signature _____ Date _____

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					
20 Hours EGE at this service					
20 Hours EGE at another service					

Service Provider Signature _____ Date _____