

Newstead Country Preschool Enrolment Agreement

◆ 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: / /

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:

www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at

www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

Parents / Guardians:

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:
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 (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

◆ Enrolment Details:						
Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___						
Please Note: If your child is 3 or over you will need to complete a separate 20 Hours ECE Attestation form.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
Times Enrolled:						:
I have transferred a non refundable deposit of \$150 into account No. 01-0450-0171464-00						
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

Additional Emergency Contacts (also able to pick up child):	
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:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

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 verification of all immunisations)			
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	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?	<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, provided by service:	
▪ Bonjella	▪ Nappy rash cream
▪ Arnica cream	▪ Antiseptic
▪ Burnaid cream	
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 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: ____ / ____ / ____

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 any court order is required)	
Person/s who <u>cannot</u> pick up your child:	
Name: _____	Name: _____
◆ 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 Newstead Country Preschool.	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	
◆ Statutory Holidays / Term Breaks	
This enrolment agreement is inclusive of school term breaks and exclusive of statutory days. Newstead Country Preschool operates for approximately 50 weeks per year. We are closed on statutory days and for up to 2 weeks around Christmas. There are no fees charged while the centre is closed.	
Required Information for Licensing Purposes	
<ul style="list-style-type: none"> ▪ I hereby give permission for my child to be taken on short excursions outside the preschool perimeter security fence as part of the normal preschool programme. These excursions may include trips to Newstead Walkway and will be at or above minimum regulated ratios as appropriate YES / NO ▪ I hereby give permission for my child to be observed by students of early childhood education as part of their field training, and for staff to keep copies of selected learning stories as part of teacher registration, proof of competency YES / NO ▪ I hereby give permission for any photos and video clips of my child at play to be used in child portfolios, teacher portfolios, videos, on Newstead Country Preschool's website and displays which may be used to promote the early childhood education sector. YES / NO 	
Additional information	
<ul style="list-style-type: none"> ▪ Policy Statement: Newstead Country 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, 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. 	
◆ 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 Newstead Country Preschool, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____ Date: ____ / ____ / ____	