# **Enrolment Form**



# Child's Details

Child's official Surname or Family Name:		
Child's official Given Name:		
Child's official Other/Middle Names: (please separate names with a comma):		
Name Child is known by/preferred Name:		
Child's Date of Birth:	DD MM YYYY Male	e Female
Child's Primary Residential Address:		
	Postcode	
Child's Ethnic Origin/s:		
IWI Child Belongs To:		
Language/s Spoken at Home:		

### Permission for Photos/Video:

Permission for the child to be photographed for the purposes of assessment, planning and evaluation. Please tick items for which you give permission.

Portfolios	Slideshows	Newsletters		TL	C Websit	e
Parent Education Doc	cuments Educa	(secure web application for	parents	& whānau	ı only)	
Parent/Guardian's Sig	nature:	[	Date:	DD	MM	YYYY
Copy of official identity verification	on document* collected by staff:					

New Zealand birth certificate	Foreign birth certificate
New Zealand passport	Foreign passport
Other _	Staff initials:

\* Information about acceptable identity verification documents is available online at www.education.govt.nz and <a href="https://www.http://www.education.govt.nz">www.http://www.education.govt.nz</a> and <a href="https://www.education.govt.nz">www.education.govt.nz</a> and <a href="https://wwwww

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

Privacy Statement as Stipulated by the Ministry of Education:

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 2020. 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.http://parents.education.govt.nz

# Child's Health Details

Doctor's Name:			 	
Practice Name:			 	
Doctor's Address:			 	
Practice Phone:			 	
Is your child up-to-date with immunisations? (please provide verification of all immunisations)	tick one	Yes	No	
For staff: Immunisation records sighted and tick one	d details recorded:	Yes	No	
Any Illness/Allergies:			 	
Category i Medicines			 	

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 the following category i medicines to be used on your child? Please Tick

Arnica Cream	Calendula Cream	Sunscreen	Nappy Cream	
Homeopathic Tooth Med	Insect Repellant			
Parent/Guardian's Signature:		Date	DD MM	YYYY

### 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's Signature:	Date:	DD	MM	YYYY

### 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.

Parent/Guardian's Signature:		Date:	DD	MM	YYYY
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's Details

Contact 1 Name:	
Address:	
Home Phone:	
Mark / Mabile Dhanas	
Work / Mobile Phone:	
Email:	
Relationship to Child:	
Contact 2 Name:	
Contact 2 Name: Address:	
Address:	
Address: Home Phone:	

# Additional Persons who can pick up your child

Contact Name:	Phone No:
Relationship to Child:	
Contact Name:	Phone No:
Relationship to Child:	
Contact Name:	Phone No:
Relationship to Child:	
Contact Name:	Phone No:
Relationship to Child:	

### Note: Contact Phone Numbers Are Compulsory

Contact phone numbers are compulsory for all persons who can pick up your child. The centre must be notified as soon as any contact phone numbers are changed, and the enrolment initialled with the change.

# **Emergency Contact Details**

People other than the parent or guardian that can be contacted in the case of an emergency and we are unable to contact you.

Emergency Contact 1 N	lame:
Address:	
Home Phone:	
Work / Mobile Phone:	
Relationship to Child:	
Emergency Contact 2 N	ame:
Address:	
Home Phone:	
Work / Mobile Phone:	
Relationship to Child:	

### **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)

# Persons who CANNOT pick up your child

- Contact Name:
- Contact Name:
- Contact Name:

# **Optional Charges Information For Children Over Three**

The optional change is for: Additional staff beyond the regulated adult/child ratios. Providing a fully qualified team, who undertake regular and ongoing professional learning. The 20 HRS ECE subsidised optional charges are:

Age Group	Length Of Day	3 Days PD	3 Days PW	4 Days PD	4 Days PW	5 Days PD	5 Days PW
Kea & Tūi	7 Hours	\$69.30	\$207.90	\$67.20	\$268.80	\$65.10	\$325.50
Downstairs & Over 3 Years	9 Hours	\$75.25	\$225.75	\$73.50	\$294.00	\$71.40	\$357.00
& 20 HRS ECE	10 Hours	\$87.15	\$261.45	\$86.10	\$344.40	\$84.00	\$420.00

I understand that if I agree to pay for the optional charge, The Learning Centre Ltd may enforce payment.

The agreement to pay the optional charge will last for: when the child turns 3, until the child leaves, or the family opts out of the 20 HRS ECE subsidy for any reason.

The rules about making changes to the agreement are: to opt out of this you need to provide TLC with 28 days written notice. Parents cannot benefit from a WINZ subsidy AND the subsidised 20 HRS ECE rates, but CAN benefit from WINZ for hours attended over those 20 if your child is enrolled for more than three days per week.

Only children over three years of age are eligible for the 20 HRS ECE subsidised charges.

I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty. Parents/Guardians opting not to pay the 20 HRS ECE subsidised optional charge will instead need to pay the standard advertised fees with TLC's late payment penalty of 10% and are subject to our usual financial policy.

I agree/do not agree (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian's Signature:		Date:	DD	MM	YYYY
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# **Policy Statement**

The 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. This includes agreeing to provide TLC with 28 days written notice if a child is leaving TLC.

# Parent/Guardian Declaration

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

Parent/Guardian's Signature:		Date:	DD	MM	YYYY
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### Service Declaration

For staff to complete. On behalf of The Learning Centre Ltd, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

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# **Enrolment Details**

Please complete the table below with requested start date, and **preferred/requested days and times.** We will endeavour to meet your requested days, however, if we offer you days which are different to those listed below, you will need to sign another enrolment agreement.

Our full day is any time between 7.30 and 5.30, and our part day is between 8.45 - 3.15. We have a minimum of 3 days of attendance of which 2 days should/will be consecutive.

Date of Enrolment:/	/	Date of Entry:	//		Date of E	Exit:	//	
Please Note: 20 Hours ECE is for up	to six hours per o	day, up to 20 hours per	week and there must	be no compulso	ory fees when a c	hild is receiving	20 Hours ECE	funding.
Days Enrolled:	Monday	7 Tuesday	Wednesday	Thursda	y Fric	lay		
Times Enrolled:						Tota	l hours:	
For 20 Hours ECE fill out	boxes below	with the hours a	attested e.g. 6	hours				
20 Hours ECE at this service					Total hours:			
20 Hours ECE at another service						Total hours:		
Parent/Guardian's Signa	ature:	· · · · · · · · · · · · · · · · · · ·			Date:	DD	MM	YYYY
20 Hours ECE Attestat         Is your child receiving 20         Yes         No		E for up to six h	nours per day,	20 hours	per week a	it this serv	ice? Tick	One
Is your child receiving 20 If yes to either or both o		-		One Yes	6	No		]
Your child does not i	receive mor	e than 20 hours	s of 20 Hours	ECE per v	veek acros	s all servic	ces.	
<ul> <li>You authorise the Mi Enrolment Agreement child's eligibility for 2</li> </ul>	nt Form, if c	leemed necess	•	• •		•		out your
<ul> <li>You consent to the e Education, and to ot contained in this box</li> </ul>	her early ch							
Parent/Guardian's Signa	iture:				Date:	D M	M YY	ΥY
Dual Enrolment Declar I hereby declare that my child Centre.		lled at another earl	ly childhood insti	tution at the	same times th	nat he/she is	s enrolled at	The Learnin
Parent/Guardian's Signa	iture:				Date:	D M	M YY	YY
Statutory Holidays & To TLC does not operate on stat decision to closedown and th	utory holidays	s, but these are cha	-			December a	nd 1st/2nd	January. Th
Permission for Excusion Permission for the child to take		lar excursions (unc	ler the condition	s stated in th	e service's ex	cursions pol	licy).	
Excursions Ratios Short walks to Vermont Park: • Kākano, Weka & Kea 1 • Tui 1:5	:3	Short Walks Arou • Kākano, W • Tui 1:4	ind The Neighbo 'eka & Kea 1:2	urhood:	Plan •	ned Trips: Kākano, V Tui 1:3	Veka & Kea	1:2

Parent/Guardian's Signature:

Date:	DD	MM
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# **Educa Consent Form**

### Opt in to Educa On-Line Portfolio System:

Permission for photos, video and learning stories of the following children to be uploaded to TLC's Educa system and I accept that my child may be included in group photos or learning stories.

Child's Name						
Child's Name						
Child's Name						
Parent/Guardian's	s Signature:		Date:	DD	MM	YYYY

### **Confidentiality Agreement**

Request for the following family members to be given access to the above children's Educa Portfolios, at the email address detailed below, and agreement that all family who are given access will not, under any circumstances copy and publish photos or video or learning stories, which contain children other than their own, in any format, including social media.

TLC strongly recommends including the extended whānau as experience has shown that grandparents are our most frequent visitors, and commentators, of our Educa system.

Name:	Relationship to child:	Email: