



Enrolment Agreement Form

Hours 7.30am-6pm Monday-Friday (Closed Public Holidays)

Phone 092574788

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: d d / m m / y y y y

Male

Female

Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
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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

For Office Use Only

Identity record copied and held with enrolment.

Signature: _____

Immunisation record copied and held with enrolment.

Signature: _____

Date of Entry: _____

Date of Exit: _____

Parents / Guardians:

1. Given Name: _____
Surname / family name: _____
Address: _____
_____ Post code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Email: _____
Relationship to child: _____

2. Given Name: _____
Surname / family name: _____
Address: _____
_____ Post code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Email: _____
Relationship to child: _____

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):	

Name of person/s who CANNOT pick up your child:	
Name: _____	Name: _____
Name: _____	Name: _____

Additional Emergency Contacts (other than contacts listed above who CAN pick up your child):

1. Given Name: _____
Surname / family name: _____
Address: _____
_____ Post code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Relationship to child: _____

2. Given Name: _____
Surname / family name: _____
Address: _____
_____ Post code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Relationship to child: _____

3. Given Name: _____
Surname / family name: _____
Address: _____
_____ Post code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Relationship to child: _____

4. Given Name: _____
Surname / family name: _____
Address: _____
_____ Post code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Relationship to child: _____

Child's doctor:	
Name of medical centre: _____	Doctors Name: _____
Phone Number: _____	

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? 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:

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: 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: ___/___/___

Health:

Illness/allergies: _____

Is your child up-to-date with immunisations? Tick One: Yes No
(Please provide verification of all immunisations)

Enrolment Details:		Date of enrolment: ___/___/___				
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.						
NURTURE AND BLOOM ELC IS NOT OPEN ON NZ STATUTORY/PUBLIC HOLIDAYS						
ALL DAY						
Minimum of 2 sessions per week		Requested Start Date: ___/___/___				
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
7.30am – 6.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.30am – 4.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.00am-3.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.30am – 12.30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.00pm – 5.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
20 Hours ECE at this service (OFFICE TO COMPLETE)						
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 Nurture and Bloom ELC.

Parent/Guardian Signature: _____ Date: ___/___/___

Required Information for Licensing Purposes:

- Excursions: I give permission for my child to take part in regular excursions within the local area, having read and agreed with the excursions procedures outlined in the Excursions Policy.
Tick One: Yes No
- Photo/Video/Multimedia:
 - I give permission for my child to be photographed for the purposes of assessment, planning and evaluation inclusive of individual and group learning stories and centre-wide planning displays.
Tick One: Yes No
 - I give permission for my child to be photographed and filmed for the purposes of Nurture and Bloom multimedia production inclusive of public forums such as Nurture and Bloom website/FB Page/Instagram/newsletters.
Tick One: Yes No

Conditions of Enrolment:

- Nurture and Bloom ELC has a unique Christian Philosophy.
- Nurture and Bloom ELC 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.
- You accept responsibility for the payment of all fees. Where fees remain unpaid and no arrangement has been made between you and the Centre as to the payments you agree to abide by the Centre's financial policy which is available in our enrolment pack.
- You acknowledge that you will inform Nurture and Bloom ELC four weeks in advance if you wish to withdraw your child. Failure to do so will require you to pay four weeks fees for each child in lieu.

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 Nurture and Bloom ELC, I declare that this form has been checked and all relevant sections have been completed.

Service signature: _____

Date: ____/____/____