Chapel Downs
Early Learning Centre

Enrolment Agreement Form

♦ 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:

Child's Identification:

Children may be enrolled into the service even if a parent/caregiver cannot provide identity documentation.

It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which document you sighted.

Official identity verification 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: 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:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's primary residential address:

Post Code:

Any changes to this form **must** be signed and dated by the parent/guardian.

♦ Privacy Statement:
We collect information, including personal information (e.g. enrolment and attendance) about your child, which is shared with the Ministry of Education, who stores it securely and treats it in accordance with the Privacy Act 2020. The Ministry of Education collects and holds this information for the following purposes: • for funding allocation • for monitoring compliance with the Education (Early Childhood Services) Regulations 2008 and related criteria, and the ECE Funding Handbook • to assign a National Student Number* to your child, • for statistical and resourcing purposes • to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under Education and Training Act 2020, • as permitted by the Privacy Act 2020. Information collected may be shared with other government agencies where required by legislation, or to meet an agreed purpose, and in accordance with the government's direction for greater inter-agency data sharing. You have the right to request access to or correction of personal information that the Ministry of Education holds about you. Contact information for the Ministry can be found here: National office - Ministry of Education. Completed enrolment forms and related information may be accessed by authorised Ministry officials on request, for monitoring, licensing, and funding administration purposes.
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:	
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:

Emergency Contacts / Additional Person/s Who Can Pick Up Your Child:	
Given Names:	**Given Names:**
Surname / Family Name:	**Surname / Family Name:**
Address:	Address:

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Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to Child:	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)**	
Person/s Who Cannot Pick Up Your Child:	
Name:	Name:
Name:	Name:

♦ **Child's Doctor:**	
Name:	Phone:
Name of medical centre:	

♦ **Health**					
Is your child up-to-date with immunisations?	*Tick One*	Yes		No	
Does your child have diverse needs? (If yes, please see diverse needs form)	*Tick One*	Yes		No	
Does your child have food intolerances /allergies? (If yes, please see allergy form)	*Tick One*	Yes		No	
Does your child have an on-going condition? (If yes, please see long term medication form)	*Tick One*	Yes		No	

Category (i) Medicines
Category (i) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as weleda teething powder, 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 the period of time a category (i) 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.

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Parent/Guardian Signature: _____	Date: ____ /____ / ____

Category (ii) 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, allergies or eczema etc and is for the use of that child only.

For Staff: Individual health plan explained in depth to primary caregiver / key teacher and a copy taken to be filed with enrolment form. *Tick One* Yes ☐ No ☐

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State specific time or 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. A full day consists of a minimum of 8 hours.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:

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

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

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? Yes ☐ No ☐

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Tick One	☐	☐

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.
- ❑ Your 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 Chapel Downs Early Learning Centre.

Parent/Guardian Signature: _____	Date: ____ /____ / ____
Parent/Guardian Signature: _____	Date: ____ /____ / ____

♦ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks unless the centre is closed.

Required Information for Licensing Purposes

- ❑ Excursions**: I give my permission** for my child to leave the grounds of Chapel Downs Early Learning Centre in the company of staff on regular walking excursions as part of the CDELC Early Learning programme at a ratio of 1:6 for over two-year olds. Ratios will be maintained at MOE levels at Chapel Downs ELC premises for any remaining children. Regular outings/destinations we may visit are: **The Chapel Downs Primary school hall,fields(or school courts and playgrounds)**
- ❑ INITIALS:

- ❑ Please note a separate permission slip will be sent home for excursions outside of one block of CDELC and signed permission will be required on this occasion. Ratios will be maintained at Ministry of Education levels at CDELC premises for any remaining children.
- ❑ INITIALS:

- ❑ **I give my permission** for my child's photographs to be used for CDELC promotional and advertising mediums such as the Chapel Downs Early Learning Centre website and social media.
- ❑ INITIALS:

- ❑ **I give permission** for SPF 50 NZ approved sunscreen to be applied to my child. I have read and understood the sun safety policy.
  INITIALS:
- ❑ **I give permission** for arnica/calendular/insect bite cream to be applied to my child if needed. I have read and understood the Centre Health policy.
  INITIALS:
- ❑ **I give permission** to e-mail letters, financial statements and send text messages when appropriate.
  INITIALS:
- ❑ **I give Chapel Downs Early Learning Centre permission** to share my child's/children's video's and Portfolio Folder amongst family on the Preschool software.

Any changes to this form **must** be signed and dated by the parent/guardian.

INITIALS:

- ❑ **I give Chapel Downs Early Learning Centre permission** to take my child for transition to school visits as they near their fifth birthday.
  INITIALS:
  Parent's Signature:.....
  (If **Not** in agreement, please state which permission you don't agree with)

  .....

- **Policy Statement: CDELC** has a number of policies that set out the procedures in place for the care and education of 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 whānau information book 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. A copy is available on our website.

♦ 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 Chapel Downs Early Learning Centre, 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 hours:

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

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parent/Guardian Signature: _____ Date: ____ /____ / ____

Any changes to this form **must** be signed and dated by the parent/guardian.