

Child

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:

Name your child is known by / preferred name:

Surname / family name:

Given name:

Copy of official identity verification document sighted by staff and copy taken***

☐ 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:

Please Note: Written communication will be provided in ENGLISH.

Is there a person in your household that can read English?

Tick One

Yes ☐

No ☐

Child's primary residential address:

Post Code:

Which Church denomination do you attend?

Privacy Statement

*Information about acceptable identity verification documents is available online at
www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

Parents / Guardians	
Given Names:	Given Names:
Surname:	Surname:
Relationship to child: (Please circle one): Mother / Father / Aunt / Uncle / Grandparent/Other:	Relationship to child: Mother / Father / Aunt / Uncle / Grandparent/Other:
Address:	Address:
Post Code:	Post Code:
Phone (Home): (Work):	Phone (Home): (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Emergency Contacts (Other than Parents/Guardians)	
Given Names:	Given Names:
Surname:	Surname:
Relationship to child: (Please circle one): Mother / Father / Aunt / Uncle / Grandparent/Other:	Relationship to child: Mother / Father / Aunt / Uncle / Grandparent/Other:
Address:	Address:
Post Code:	Post Code:
Phone (Home): (Work):	Phone (Home): (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Additional person/s who can pick up your child:	
Full Names:	Full Names:
Relationship to child:	Relationship to child:
Full Names:	Full Names:
Relationship to child:	Relationship to child:
Person/s who CANNOT pick up your child:	
Name:	Name:
Name:	Name:

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)

Enrolment Details						
Date of Enrolment: ___/___/___ Date of Entry: ___/___/___ Date of Exit: ___/___/___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
Parent/Guardian Signature: _____						
Date: ___/___/___						

20 Hours ECE Attestation							
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.							
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:	
1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? <i>Tick One</i>				Yes	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
2. Is your child receiving 20 Hours ECE at any other services? <i>Tick One</i>				Yes	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
If yes to either or both of the above, please sign to confirm that:							
<ul style="list-style-type: none"> ▪ 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 Signed: ___/___/___			

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 [insert name of service].	
Parent/Guardian Signature: _____	Date: ___/___/___

Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school holidays/term breaks. (Fees will be charged as usual even if your child is absent).

The centre is closed for all Statutory Holidays.

Fee Schedule (*Applicable to all children enrolled*)

The following charges apply to your child's enrolment:

- Hourly fees of \$6.00 per hour (unless receiving 20 Hours ECE Funding)
- Hard Cover Colour Portfolio \$20 per year
- Subsidised excursions and transport (TBC each term, subsidised rate will be charged to your account if your child is booked to attend)
- Early Cancellation – two weeks' notice is required.

1. I have read and understood the Fees procedures as set out in our information booklet and agree to keep my child's account up to date, paid two weeks in advance for their enrolled hours.
2. I understand that an overdue account may result in my child losing their position on the Tamariki Footsteps roll.
3. I understand that there will be alterations to my child's fee structure once my child is eligible for 20 Hours ECE and these will be discussed with me at that time.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Doctor

Name:

Phone:

Name of medical centre:

Immunisation and Medical Details

Is your child up-to-date with immunisations?

Tick One Yes

☐

No

☐

OFFICE USE: Immunisation records sighted and copy taken:

Tick One Yes

☐

No

☐

Has your Doctor or GP ever referred your child to a specialist at any time?

Tick One Yes

☐

No

☐

If Yes please specify:

Does your child have special requirements?

Tick One Yes

☐

No

☐

If Yes please specify: (Examples include dietary, illness (eg asthma or eczema), allergies or medication)

NB if your child requires regular medication for the above you will need to complete the **Category (iii) Medicine Section**

Medicine

Category (i) Medicines

For minor accidents/incidents centre staff may elect to use the following category (i) non-prescription medicines for the 'first aid' treatment of minor injuries.

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:**

▪ Antihistamine cream (for insect bites or rash)	▪ Antiseptic cream (cleaning cuts or scraps)
▪ Arnica cream (for bruises)	

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

Category (ii) Medicines

For prescription medicines (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) 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.

Written authority from a parent is to be given at the beginning of each day that 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.

Completed Preventative Medication Form (Held at Tamariki Footsteps)

Tick One:

Yes

☐

No

☐

Individual health plan sighted and a copy taken:

Tick One:

Yes

☐

No

☐

Name of medicine, method and dose:

When does the medicine need to be taken: (State time or specific symptoms)

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

Excursion

I give permission for my child to go on short local outings/walks in accordance with the Excursion policy of the Centre. I understand that written permission will be obtained for any excursion requiring transport off site.

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

B4 School Check

I give consent for my child to have a vision, hearing and glue ear test as part of the vision and hearing universal screening programme run through Counties Manukau Health. By giving my consent I allow the results of this test to be entered on to the B4 School database held with Counties Manukau Health and also allow Tamariki Footsteps to provide the Hearing & Vision team with my contact details and my child's details.

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

Photo/Video Records

<input type="checkbox"/>	I agree to my child being observed, photographed and evaluated by centre staff, student teachers and offsite gymnastics staff. I agree that records may be kept and photos used in the publication of newsletters, notices, student assignments, promotional material, wall displays, children's portfolio books and used for professional learning.
<input type="checkbox"/>	I agree to online photos of my child being published on the Tamariki Footsteps website, secured blog or private Facebook page or other private social media platforms.

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

Other Information

- **Policy Statement:** Tamariki Footsteps Christian Community 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.
- **Health & Safety:** Tamariki Footsteps Christian Community Preschool is committed to ensuring the health and wellbeing of everyone within our centre. Parents have an obligation to follow all Health and Safety guidelines provided by Tamariki Footsteps Christian Community Preschool including keeping unenrolled children with them at all times while in the centre for their own protection and safety.
- **Tamariki Footsteps and Classroom Information Books:** Please ensure you have read the Information Booklets provided as they cover the mission and philosophy of the Centre, operational issues and ways in which we can help you and your child settle into the service and be involved in the Centre.
- **Privacy Statement:** All personal information on your child will be kept securely and be used solely for the purposes it was collected for. Any changes to the information disclosed **must** be verified by the parent/guardian and kept with this form in the child's enrolment file. I will respect other children's privacy by not looking through their portfolios unless expressly invited to.
- **Your Child's Strengths and Interests:** Home and Centre connection is very important. Please take the time to update the teachers about your child's unique interests, abilities and preferences. Feedback can be shared with teachers at an appropriate time, emailed to the Centre or written in the Photo diary.
- **Correspondence/School Referrals:** Please discuss this option directly with Management.

Parent Declaration

- I declare that all the above information is true and correct to the best of my knowledge.
- I agree to my name and telephone number being used by the Centre Trust and Management Committees for fundraising and reminders and that my name, or my child's name, can be used in the newsletter, noticeboard, website blog or other Tamariki Footsteps Christian Community Preschool publications.
- I agree to pay in advance all fees as set out in the Fees Schedule and Fees Statement. I understand that I will be invoiced two weeks in advance and fees are payable accordingly.
- I understand that an overdue account may result in my child losing their position on the Footsteps roll.
- The signing of this enrolment form indicates that you will abide by the policies of this service and understand how you can have input into policy review.

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

Service Declaration

On behalf of Tamariki Footsteps Christian Community Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____/____/____