



Enrolment Agreement Form

◆ [Section 1.] 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* sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Last 4 digits of the official identity verification document number: _____

Verified by (staff name): _____ **Staff initials:** _____ **Date:** ___ / ___ / ___

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:

◆ [Section 2.] Privacy Statement:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

*A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) >> NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

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 destroyed once verified.

◆ [Section 3.] Parents / Guardians (can pick up child without prior notification):	
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:
Parent/Guardian Signature: _____	Parent/Guardian Signature: _____
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:
Parent/Guardian Signature: _____	Parent/Guardian Signature: _____

◆ [Section 4.] Additional Emergency Contacts (can pick up child only if requested by parent/guardian listed in section 3.):

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:
I, _____, authorise the above person to pick-up my child.	I, _____, authorise the above person to pick-up my child.
Parent//Guardian signature: _____	Parent//Guardian signature: _____
Date: __/__/__	Date: __/__/__
OFFICE ONLY: Copy of official identity verification document sighted by staff: <input type="checkbox"/> New Zealand driver's license <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other: _____ Last 4 digits of official identity verification document: _____	OFFICE ONLY: Copy of official identity verification document sighted by staff: <input type="checkbox"/> New Zealand driver's license <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other: _____ Last 4 digits of official identity verification document: _____
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:
I, _____, authorise the above person to pick-up my child.	I, _____, authorise the above person to pick-up my child.
Parent//Guardian signature: _____	Parent//Guardian signature: _____
Date: __/__/__	Date: __/__/__
OFFICE ONLY: Copy of official identity verification document sighted by staff: <input type="checkbox"/> New Zealand driver's license <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other: _____ Last 4 digits of official identity verification document: _____	OFFICE ONLY: Copy of official identity verification document sighted by staff: <input type="checkbox"/> New Zealand driver's license <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other: _____ Last 4 digits of official identity verification document: _____

◆ [Section 5.] 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:

◆ [Section 6.] Child's doctor:

Name:

Phone:

Name of medical centre:

◆ [Section 7.] Health

Illness/allergies:

Is your child up-to-date with immunisations?

Tick One Yes

No

(Please provide verification of all immunisations – Immunisation Record – Plunket Book to be sighted)

For staff: Immunisation records sighted, and details recorded:

Yes

No

- **Declined:** (/ /)

- **Complete 15 months:** (/ /)

- **Complete 4 years:** (/ /)

◆ [Section 8.] 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. Note: The service must provide specific information about the category (i) preparations that will be used. New consent to be requested if any changes to below category (i) medicine list.

Name/s of specific category (i) medicines **provided by service**: that can be used on my child:

	<p>Sudocrem</p> <p>Yes/No</p>		<p>Anti-flamme</p> <p>Yes/No</p>
	<p>Antiseptic</p> <p>Yes/No</p>		<p>Papaw</p> <p>Yes/No</p>

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: ____ / ____ / ____

◆ [Section 9.] Enrolment Details:

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Please Note: 30 Hours FREE is for up to **six hours per day**, up to **30 hours FREE per week** and there **must be no** compulsory fees when a child is receiving 30 Hours FREE

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

For 30 Hours FREE fill out boxes below with the hours attested e.g. 6 hours

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

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

◆ [Section 10.] 20 Hours ECE Attestation:

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours ECE 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: ___ / ___ / ___

◆ [Section 11.] 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 **Eden Cottage**

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

◆ [Section 12.] Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Eden Cottage is open all year except for the following:

- 2-3 Week closure over the Christmas period
- Statutory Holidays
- 4 - 5 'Teacher Only' days during the year

Required Information for Licensing Purposes

Excursions:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| ▪ I give permission for my child to take part in regular excursions (under the conditions stated in the service's excursions policy). | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ I have read and understood the attached Regular Excursions and Risk Management Plan documents | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

(Separate Transition to School Program and Special Excursion Permission forms to be provided for when your child is to take part in)

Photo/video: I give permission for my child:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| ▪ To be photographed, videoed, observed for the purposes of assessment, planning and evaluation | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ To be photographed, and observed by Early Childhood students as part of their training and required written assignments | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Additional consent to take and share photos of your child

We regularly take photos of our students and classroom activities. We post some of these photos in the classroom to help build a sense of community.

We also share information and photos about Eden Cottage events on our Eden Cottage Facebook Page, Storypark Community Page and Visionwest Community Group. These forms of communication are very effective in keeping the Eden Cottage and Visionwest communities updated on the events and happenings at our centre.

We only include photos that relate to students' learning, exploration and eventful moments like celebrations, and we never tag or name the children in the photos shares on social media. Social Media used:

- Eden Cottage Public Facebook page – for marketing purposes accessible by all Facebook users.
- Storypark Community Page – limited to Eden Cottage staff, parents and guardians of current students.
- Visionwest Community Group – limited to current Visionwest staff.

If you are not comfortable giving consent, your child will not be photographed but will still be able to participate in all activities.

I give permission for Eden Cottage to publish photos of my child:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| ▪ In the classroom | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Eden Cottage Public Facebook for marketing purposes (accessible to the public) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Storypark community page | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Visionwest Community Group | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

You have the right to ask for a copy of any personal information we hold about you and your child, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at privacy.officer@visionwest.org.nz.

Other information

- **Policy Statement: Eden Cottage** 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 Handbook:** Please ensure you have read the information in the parent handbook as it covers health and safety, fees, charges and funding, communication, social media and other information relevant to enrolment and Eden Cottage policies and processes. The signing of this enrolment agreement form indicates you have read and understood the Parent Handbook.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences. (See attached All About Me and Pepeha forms).

◆ [Section 13.] Parent Declaration

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

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ [Section 14.] Service Declaration

On behalf of **Eden Cottage**, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

There may be other services that we can help you with, would you like further information on:

<input type="checkbox"/> Community Groups & Church Services	<input type="checkbox"/> Community Chaplain	<input type="checkbox"/> Counselling	<input type="checkbox"/> Foodbank
<input type="checkbox"/> Housing	<input type="checkbox"/> Home HealthCare	<input type="checkbox"/> Education & Training Centre	<input type="checkbox"/> Budgeting
<input type="checkbox"/> Other (please specify): 			

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						