

Child 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:

Child's Identification: *Children may be enrolled into a 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 documentation you sighted.*

New Zealand birth certificate Foreign birth certificate New Zealand passport Foreign passport

Other _____ Staff initials: _____

Child's date of birth: dd / mm / yyyy

Male Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address: Tick if same as parent/guardian 1 2 .

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:

Emergency Contacts (other than Parent/Guardian – must be able to pick up your child)

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:

Child's Doctor

Name:

Phone:

Name of medical centre:

Health**Illness/allergies:**

Is there any medical information you would like us to know about your child?

Tick One Yes No **Specify any illnesses/allergies/dietary requirements:****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.

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:**

• Arnica

• Zinc and Castor Oil Cream

• Bepanthen

• Antiseptic Cream

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: ____/____/____

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 securely destroyed once verified.

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

Additional person/s who can pick up your child	
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):
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 <u>cannot</u> pick up your child	
Name:	Name:
Relationship to child:	Relationship to child:

Payment of Fees
Fees are due within 7 days of invoice with accounts required to be kept 2 weeks in advance. Two full week's notice is required if terminating enrolment. In signing this enrolment I acknowledge and agree to pay the appropriate fees for an enrolled day even if unable to attend due to sickness, holidays or statutory holidays. I understand and accept that irrespective of any arrangement with any other party to pay the fees, the full responsibility to pay remains with me.
Please see payment of fees policy for discounts offered (full week enrolment, sibling discount).

Christmas Holidays
Providing written notice of absence is given, each child is entitled to up to 2 weeks without charge over Christmas period (generally falling between 23 Dec and 8 th Jan.)

Permissions: Please indicate below whether you give permission for your child to:			
Attend small local walks with adult to child ratios of no more than 1 adult : 6 children (over 2) and 1 adult : 3 children (under 2)	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Application of sunscreen	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Be taken to the Medical Centre in case of an emergency (at fee payer expense)	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Be photographed by our centre staff, (including students) for the purpose of study, Grow Facebook page, Grow website, newsletters, notices or newspaper articles.	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that it is a condition of enrolment for the child to be photographed for the purposes of assessment, planning and evaluation.		Yes <input type="checkbox"/>	
Have an individual online portfolio containing information such as child planning and photos accessible only to Grow staff and whom-ever you nominate as admin (via email invitation).	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Take part in the B4 School Hearing and Vision Checks.	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Your child's name, date of birth and National Health Index (NHI) number will be recorded by the technician and stored in the B4 School Check national information system, along with the results of the check.			

Enrolment Details – Enrolment MUST include Monday and/or Friday.

Childs Age at Entry: _____ Date of Entry: ____/____/____

Date of Enrolment: ____/____/____ Date of Exit: ____/____/____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
Times Enrolled: (start – finish)						

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

Please Note: 20 Hours ECE is for up to six hours per day, up to 20 hours per week for children over 3 years of age.**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 Attestation1. 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 not enrolled at another early childhood institution at the same times that he/she is enrolled at Grow Early Learning Education Ltd.

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

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 Grow Early Education Ltd, I declare that this form has been checked and all relevant sections have been completed.

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