

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:	
Copy of official identity verification document* collected by staff:	
New Zealand birth certificate <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other _____ Staff initials: _____	
Child's date of birth: d d / m m / y y y y	Male <input type="checkbox"/> Female <input type="checkbox"/>
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 <input type="checkbox"/> 2 <input type="checkbox"/> .	

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 your child up-to-date with immunisations? (Please provide verification of all immunisations)

Tick One Yes No **Specify any allergies/dietary requirements:****For staff:** Immunisation records sighted and details recorded: (initial)Tick One Yes No **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 Maori (Maori 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:**

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 2020. 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: eli.education.govt.nz

* Information about acceptable identity verification documents is available online at eli.education.govt.nz The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

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 cannot 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 8th 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, 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						
20 Hours ECE at another service						

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: ____/____/____