Enrolment Agreement Form

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: 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: 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:	

Child's 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:

Medicines for First Aid Treatment provided by Grow

Non-prescription preparations that are not ingested, and used for the 'first aid' treatment of minor injuries

Do you approve of non-prescription preparations to be used on your child? Tick One Yes ☐ No ☐

Name/s of specific preparations that can be used on my child, **provided by service:**

• Arnica	• Zinc and Castor Oil Cream
• Bepanthen	• Antiseptic Cream

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

Category (i) Medicines provided by parents

Category (i) 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 (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.

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

Category (ii) Medicines provided by parents

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 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 the 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 governments 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.

* 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? Tick One Yes☐ No☐

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 weeks' notice is required if terminating enrolment. In signing this enrolment you acknowledge and agree to pay the appropriate fees for an enrolled day even if unable to attend due to sickness, holidays or statutory holidays. You understand and accept that irrespective of any arrangement with any other party to pay the fees, the full responsibility to pay remains with you.

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 23rd Dec and 8th Jan.)

Policy Statement

Grow Early Education has a number of policies that set out the procedures that are in place for the care and education of the children who attend. They are available for you to read online and/or in reception, and you are encouraged to have input in to policy review. The signing of this enrolment agreement form indicates that you will abide by the policies of this service.

Permissions: Please indicate below whether you give permission for your child to:

Attend Regular Excursions: small local walks to St Kilda or Appleby Wetlands; St Kilda Playground; BUPA Village, with adult to child ratios of no more than 1 adult : 6 children (over 2) and 1 adult : 3 children (under 2).
RAMs for regular excursions are available to view in reception. Tick One Yes☐ No☐

Have application of sunscreen Tick One Yes☐ No☐

Be taken to the Medical Centre in case of an emergency (at fee payer expense) Tick One Yes☐ No☐

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☐ No☐

I understand that it is a condition of enrolment for the child to be photographed for the purposes of assessment, planning and evaluation. Yes☐

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☐ No☐

Take part in the B4 School Hearing and Vision Checks. Tick One Yes☐ No☐
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 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?	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:**____/____/ ____