



### Child's Details

Child's official surname or family name:

Child's official given name:

Child's other names/middle names (please separate names with a comma):

Name your child is known by/preferred name:

Surname/family name:

Given names:

Official identity verification document/s sighted by staff:

☐ New Zealand birth certificate
 ☐ Foreign birth certificate
 ☐ New Zealand passport
 ☐ Foreign passport  
☐ Other: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ or due date: \_\_\_\_\_ ☐ Male ☐ Female ☐ Unknown / Unspecified

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post code:

### Parents/Guardians

#### 1. Given names:

Surname/family name:

Address:

Postcode:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

Occupation:

#### 2. Given names:

Surname/family name:

Address:

Postcode:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

Occupation:

#### 3. Given names:

Surname/family name:

Address:

Postcode:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

Occupation:

#### 4. Given names:

Surname/family name:

Address:

Postcode:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

Occupation:

### Person responsible for account:

Name:

Date of Birth:

Email address for accounts:

Signature:

**Emergency Contacts** (to be contacted in an emergency when parents/guardians cannot be reached - also able to pick up child):

<b>1. Name:</b>	<b>2. Name:</b>
Relationship to child:	Relationship to child:
Address:                                  Postcode:	Address:                                  Postcode:
Email:	Email:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
<b>3. Name:</b>	<b>4. Name:</b>
Relationship to child:	Relationship to child:
Address:                                  Postcode:	Address:                                  Postcode:
Email:	Email:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

### Custodial Statement:

Are there any custodial arrangements concerning your child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>YES</b> 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:

## Permissions:

Please indicate below whether you give permission for your child to:		
Attend small local walks with an adult to child ratio of: 1 adult to 2 children (0-2 yr olds) 1 adult to 4 children (2-5 yr olds)	To: Wairakei Road Shops Edgar MacIntosh Park	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Have their vision/hearing tested when specialists visit		Yes <input type="checkbox"/> No <input type="checkbox"/>
Be taken to the Medical Centre in the case of an emergency (parents to reimburse any costs incurred)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have their hair checked for head lice by a Willows teacher when outbreaks occur		Yes <input type="checkbox"/> No <input type="checkbox"/>
Be photographed by Willows team members for the purpose of recording learning and special events on Storypark.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Be included in photos on the Willows website, and/or Willows social media pages for the purpose of sharing learning and/or marketing purposes		Yes <input type="checkbox"/> No <input type="checkbox"/>
To be photographed by other families or student teachers for specific purposes, such as celebrations or for student study requirements.		Yes <input type="checkbox"/> No <input type="checkbox"/>

### Child's Doctor:

Name:	Phone:
Name of medical centre:	

## Health:

<b>Immunisations:</b> Is your child up-to-date with immunisations? (Please provide verification of all immunisations)		Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Food allergies / Additional requirements:</b> Does your child have specific food requirements or additional health requirements? If yes, please complete an <b>Individual Health Plan</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>

### 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.

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:

☐ Arnica

☐ Antiseptic Liquid

☐ Sunblock

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.

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 The Willows Early Learning Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Enrolment Details

Child's Age at Entry:

Date of Entry:

Date of Enrolment:

Date of Exit:

Please Note: 20 Hours ECE is up for 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.

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

For 20 hours ECE (3-5 year olds only) fill out boxes below with hours attested e.g. 6 hours

20 hours ECE at this service (3-5 year olds only)						Total Hours:
20 Hours ECE at another service (3-5 year olds only)						Total Hours:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**20 Hours ECE Attestation - PLEASE ONLY COMPLETE THE FOLLOWING SECTION IF YOUR CHILD IS USING 20 HOURS ECE (ONLY 3-5 YEAR OLDS). IF NOT, PLEASE LEAVE THIS SECTION BLANK.**

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 to make decisions about your child's eligibility for 20 hours ECE

You consent to The Willows Early Learning Centre 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Fees, Statutory Holidays and Term Breaks**

- The enrolment agreement is inclusive of school term breaks
- The centre will be closed on New Zealand statutory holidays
- Fees will be charged on statutory holidays.
- Fees will be charged when your child is absent due to sickness or other personal reasons.
- Fees will be charged for any unavoidable closures of 2 days or less (e.g earthquake, snow etc).
- No fees will be charged if the centre is closed over the Christmas period
- When a child is on holiday (other than during the Christmas closure period) a holding fee of 50% of the child's normal weekly fee is payable, provided that at least one weeks notice is given of the absence. Each child is entitled to up to four weeks per year at this reduced rate.

**Parent Declaration**

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

I have read, and agree to, all conditions stated above. ☐

I have also read the parent handbook, and agree to all conditions stated on the separate fees schedule. ☐

The Willows 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 encourage you to read these. The signing of this enrolment agreement form indicates that you will adhere to the policies of The Willows, and understand how you can have input into policy review. ☐

Parent/Guardian Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE USE ONLY**

Parent has been given the following information on enrolment:

- ☐ Enrolment form
- ☐ Fees schedule
- ☐ Parent Handbook
- ☐ Immunisation Booklet sighted and recorded
- ☐ Individual health plan completed
- ☐ Identification document sighted and recorded

**Booking Confirmation**

Booking Confirmed (Centre Manager Signature): .....

Date: .....

**Service Declaration**

On behalf of The Willows Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider 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.