

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 public holidays
- Fees will be charged on statutory holidays
- 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, and agree to, all conditions stated on the separate fees schedule.

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 copied
- Individual health plan completed
- Identification document sighted and copied

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: _____

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 1993. 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.

Enrolment form



EARLY LEARNING CENTRE

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:

Copy of official identity verification document* collected by staff:

- 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:

Post code:

Parents/Guardians

1. Given names:	2. Given names:
Surname/family name:	Surname/family name:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
Occupation:	Occupation:

Person responsible for account:

Name: _____
 Date of Birth: _____
 Signature: _____

If you would like invoices to be emailed, please indicate which email address accounts should be sent to, (if you would prefer paper copies of invoices, please leave blank. _____)

Emergency Contacts (to be contacted in an emergency when parents/guardians cannot be reached):

1. Name:	2. Name:
Relationship to child:	Relationship to child:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

Additional person/s who can pick up your child:	
1. Name:	2. Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
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 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:

Permissions:	
Please indicate below whether you give permission for your child to:	
Attend small local walks with an adult to child ratio of: One adult to 2 children (0-2 yr olds) One adult to 4 children (2-5 yr olds)	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"/>
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 any photos on the Willows website, Facebook and Instagram pages	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"/>
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:	
Immunisations: Is your child up-to-date with immunisations? (Please provide verification of all immunisations)	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Food Allergies: Does your child have specific food requirements? If yes, please complete an Individual Health Plan	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 <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child:	
<input type="checkbox"/> Arnica	<input type="checkbox"/> Sunblock
<input type="checkbox"/> Antiseptic Liquid	
<input type="checkbox"/> Bonjela	
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: ___/___/___
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