

◆ Enrolment Details:

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Times Enrolled:							Total number of hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service							Total number of hours:
20 Hours ECE at another service							Total number of 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: Kiwikidz Home-Based Educare

Parent/Guardian Signature: _____ Date: ___ / ___ / ___