



◆ Child's details:

NSN:

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:

Surname / family name:

Given name:

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: dd / mm / yyyy

Male Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

◆ 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

Any changes to this form **must** be signed and dated by the parent/guardian.

* 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.

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:
3. Given names:	4. 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:

Additional person/s who can pick up your child:

Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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)

Any changes to this form **must** be signed and dated by the parent/guardian.

Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:
Additional Emergency Contacts (also able to pick up 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:
3. Given names:	4. 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:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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Medicine	
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 <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service :	
▪ Arnica	▪ Antiseptic cream/liquid
▪ Insect bite cream	▪ Insect repellent
▪ Note: We do not administer paracetamol/pamol without a doctor's permission.	
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.	
For staff: Individual health plan sighted and a copy taken:	Tick One: Yes <input type="checkbox"/> No <input type="checkbox"/>
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: ____/____/____

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◆ Enrolment Details:						(Child's name)
Date of Enrolment: ___ / ___ / ___						Date of Entry: ___ / ___ / ___
						Date of Exit: ___ / ___ / ___
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
Parent/Guardian Signature: _____						Date: ___ / ___ / ___

◆ 20 Hours ECE Attestation						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
Please Note: 20 Hours ECE is for up to 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						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?		<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?		<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:		
<ul style="list-style-type: none"> ▪ 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/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: ___ / ___ / ___

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◆ Optional Charges:

Kiwikidz Home-Based Educare do not have an optional charge

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Kiwikidz Home-Based Educare closes for Statutory Holidays Only

◆ Home-Based Education and Care Services Only

This section is a compulsory requirement for Enrolment Agreement Forms used by Home-Based Services

Is the educator who will be providing education and care for your child a member of the child's family?

Tick One Yes No

If yes, what is the relationship of the educators to your child?

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

Other information

- **Policy Statement:** Kiwikidz Home-Based Educare 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 strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review. You are welcome to contact us to look at the policies at any time.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.

Terms & Conditions (Please initial to show you have read and understood)	Initial
▪ I agree to sign a timesheet agreeing to my child's hours each day	
▪ I give permission for my child to travel in the Educarer's vehicle. (The Educarer will comply with the land transport legislation)	
▪ I give permission for my child to be taken on small walks eg. to the park and beach (all excursions will be individually risk assessed by educator)	
▪ I give permission for the Educarer to apply basic first aid and sunscreen to my child	
▪ In the unlikely event of a medical emergency, I give permission for my child to be taken to hospital in an ambulance if necessary. Parents or a contact person will be notified immediately. Parents are responsible for their child's medical costs	
▪ My child will be kept home if he/she is unwell and someone will collect my child if he/she become ill or have an accident	
▪ I give permission for the Educarer to change my child's nappy, wet or soiled clothing	

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<ul style="list-style-type: none"> ▪ I understand that my child will attend weekly playgroups and may attend other organised children's activities in the community 	
<ul style="list-style-type: none"> ▪ I agree to pay an hourly rate of \$__ per hour 	
<ul style="list-style-type: none"> ▪ I agree to pay for any enrolled hours and any extra hours I sign for; extra time outside of the booked hours will be paid in fifteen minute increments 	
<ul style="list-style-type: none"> ▪ I agree to give two weeks' notice when cancelling care 	
<ul style="list-style-type: none"> ▪ I agree to pay half fees when 24 hours' notice has been given and full fees if 24 hours' notice has not been given. Fees will not be charged if the Educarer is unavailable 	
<ul style="list-style-type: none"> ▪ I agree to inform Kiwikidz Home-Based Educare of any changes to the enrolment details 	
<ul style="list-style-type: none"> ▪ I understand that debts will be passed on to a debt collection service whose fee's will be added to the amount owed 	
<ul style="list-style-type: none"> ▪ I give permission for Kiwikidz Home-Based Educare to write observations and use digital images of my child for the purposes of programme planning and the compilation of my child's portfolio 	
<ul style="list-style-type: none"> ▪ I give permission for Kiwikidz Home-Based Educare to use photographs of my child for advertising, website and Facebook page 	

<p>If there are any cultural or family practices that you wish us to incorporate into your child's development programme please make a note below and we will discuss them with you</p>

Your Educarer is:	
Name:	Telephone:
Address:	

◆ 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 Kiwikidz Home-Based Educare, I declare that this form has been checked and all relevant sections have been completed.
Service Provider Signature: _____ Date: ____/____/____

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Thank you for choosing Kiwikidz Home-Based Educare

Freephone; 0800 KIDS R US

www.kiwikidzhomebased.co.nz

Carolyn mobile: 027 208 6747

Email: carolyn@kiwikidzhomebased.co.nz

Pip mobile: 027 343 8077

Email: pip@kiwikidzhomebased.co.nz

'Learn through play the kiwi way'

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