



Enrolment Agreement Form

Child's 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:

Surname / family name:

Given name:

Copy of official identity verification document* collected by staff:

Staff initials: _____

NZ birth certificate NZ passport Foreign birth certificate Foreign passport

Other (describe) _____

Child's date of birth: dd / mm / yyyy

Male

Female

Child's ethnic origins:

Iwi your child belongs to:

Languages 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: www.minedu.govt.nz/parents



Parents / Guardians

Given names:

Given names:

Surname:

Surname:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Relationship to child:

Relationship to child:

Other Persons Authorised To Pick Up Your Child

Given names:

Given names:

Surname:

Surname:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Relationship to child:

Relationship to child:

Custodial Statement

Are there any custodial arrangements concerning your child?

No

Yes

If **YES**, please give details of any custodial arrangements or court orders (attach copy of any court order):

Persons who cannot pick up your child:



Additional Emergency Contacts (also able to pick up child)

Given names:

Given names:

Surname:

Surname:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Child's Doctor

Doctor's Name:

Phone:

Name of Medical Centre:

Child's Health

Illnesses:

(For all health issues, please list implications and actions needed.)

Allergies:

Other health-related issues:

Is your child up-to-date with immunisations?

No

Yes

(Provide verifications of all immunisations)

Immunisation records sighted and details recorded by staff:

Staff initials: _____



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: We 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?

No

Yes

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

Arnica for bruises

Combudoron for burns

Hypercal for cuts

Rescue remedy for shock

Parent/Guardian Signature: _____ Date: dd / mm / yyyy

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: dd / mm / yyyy

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. N/A

Staff: Individual health plan sighted and a copy taken? No Yes **Staff initials:** _____

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: dd / mm / yyyy



Enrolment Details

Date of Enrolment <i>dd / mm / yyyy</i>	Date of Entry <i>dd / mm / yyyy</i>	Date of Exit <i>dd / mm / yyyy</i>
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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.

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Times Enrolled						

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

20 hrs ECE at this service						
20 hrs ECE at another service						

Parent/Guardian Signature: _____ Date: *dd / mm / yyyy*

20 Hours ECE Attestation

Is your child receiving 20 Hours ECE for up to 6 hrs per day, 20 hrs per week at this service? No Yes

Is your child receiving 20 Hours ECE at any other services? No Yes

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: *dd / mm / yyyy*

Dual Enrolment Declaration

I hereby declare that my child **is / is not** (*select one*) enrolled at another early childhood institution at the same times that he/she is enrolled at **Sophie's World**.

Parent/Guardian Signature: _____ Date: *dd / mm / yyyy*



Statutory Holidays / Term Breaks

This Enrolment Agreement is inclusive of school term breaks. Sophie's World is closed on statutory holidays but otherwise remains open over the Christmas holiday period.

Required Information for Licensing Purposes

- **Excursions:** The signing of this Enrolment Agreement grants permission for your child to take part in spontaneous excursions (under the conditions stated in our Excursions Policy).
- **Photo/video:** The signing of this Enrolment Agreement grants permission for your child to be photographed for the purposes of assessment, planning and evaluation.
- **Policy Statement:** Sophie's World has a number of policies that set out the procedures that are in place for the care and education of your child. 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 that you understand how you can have input to policy review.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.

Special Requirements

Please note any additional items here:

Parent Declaration

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

Parent/Guardian Signature: _____ Date: dd / mm / yyyy

Service Declaration

On behalf of **Sophie's World**, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: dd / mm / yyyy

