



# Hannah's House

Early Childhood Education Centre



## Enrolment agreement 2017

### ◆ 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:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

Child's date of birth:          /       /            

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: [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents)

\* Information about acceptable identity verification documents is available online at [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

<b>Parents/Guardians:</b>	
Mr, Mrs, Ms. First Name:	Mr, Mrs, Ms. First Name:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work)	Phone (Work)
Place of Work:	Place of Work:
Phone (Mobile):	Phone (Mobile):
Email:	Email:

<b>Emergency Contact:</b>	
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work)	Phone (Work)
Place of Work:	Place of Work:
Phone (Mobile):	Phone (Mobile):
Email:	Email:

<b>Doctors:</b>	
Name:	Phone:
Address:	Post Code:

<b>Enrolment Details:</b>						
Date Of Enrolment: ___/___/___		Date of Entry: ___/___/___		Date of Exit: ___/___/___		
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total No. Hours

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

<b>Person/s who cannot pick up your child:</b>	
Name:	Name:
Name:	Name:
<b>Person/s who can pick up your child besides the people named above</b>	
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home)	Phone (Home)
Phone (work)	Phone (work)

<b>Custodial Statement:</b>
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)

<b>Health</b>
Illness/allergies/food allergies:
Is your child up-to-date with immunisations? <i>Tick one</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
(please provide verifications of all immunisations)
Immunisation records sighted and copy supplied: <i>Tick one</i> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Staff initials:</b> _____

<b>Medicine</b>
<b>Category (i) Medicines</b>
A category (i) medicine is 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. <b>Note:</b> 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? <i>Tick one</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by the service:</b>
•
•

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

<b>Category (iii) Medicines</b>
To be filled in if your child requires medication as part of an individual health plan, for example for an ongoing condition such as asthmas or eczema etc and is for the use of that child only.
Individual health plan completed and signed: <i>Tick one</i> 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 specific time or specific symptoms)

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

# 20 Hours ECE

**Please note only complete this section if your child is 3years old or over.**

Please Note: 20 hours ECE is for up to six hours per day, up to 20 hours per week. For 20 hours ECE fill out the boxes below with the hours attested. E.g. 6 hours.						
20 hours ECE at this service						Total No. Hours
20 Hours ECE at another service						Total No. Hours
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total No. Hours

<b>20 Hours ECE Attestation:</b>	
1) Is your child receiving 20 Hours ECE for up to six hours per day, 20hours per week at this service?	
<i>Tick one</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	
20 is your child receiving 20 Hours ECE at any other service? Tick one    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"> <li>Your child does not receive more than 20 hours of 20 hours ECE per week across all services</li> <li>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 eligibility for 20 Hours ECE.</li> <li>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.</li> </ul>	

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

<b>Dual Enrolment Declaration</b>
I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Hannah’s House ECE.

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

Required Information for Licensing Purposes – I give permission for my child:-	
<ul style="list-style-type: none"> <li>Attend small local walks with an adult to child ration of no more than :</li> </ul>	
<b>1 adult/8 children over two's</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Under two's</b> ratio of 1 adult/3 children YES <input type="checkbox"/> NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Be taken by ambulance to a medical centre in the case of emergency YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ul>	
<ul style="list-style-type: none"> <li>Be photographed for the purposes of assessment, planning and evaluation and the photo's to be displayed in the children portfolios and on display within the centre. YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ul>	
<ul style="list-style-type: none"> <li>Be photographed for the purposes of displaying them on our website and other advertising. YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ul>	
<ul style="list-style-type: none"> <li>Be photographed for the purposes of being displayed on our Face Book Page: YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ul>	

Policy information
<ul style="list-style-type: none"> <li><b>Policy Statement:</b> our centre has a number of polices that sets 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 the policy review/</li> </ul>
<ul style="list-style-type: none"> <li><b>Fees Schedule and Policy:</b> I have read the fees schedule and agree to abide by the policy.</li> </ul>
<ul style="list-style-type: none"> <li><b>Parent's information Book:</b> please ensure you have read the information in the parent hand book as it covers such things as medical information and ways in which we can help you and your child settle into the service.</li> </ul>
<ul style="list-style-type: none"> <li><b>Privacy Statement:</b> all personal information on your child will be kept securely and remain confidential.</li> </ul>

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:
I declare that this information form has been checked and all relevant sections have been completed

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

<b>Privacy Statement:</b> All personal information on your child will be kept securely and remain confidential. Any changes to this form <b>must</b> be signed and dated by the parent/guardian.
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