

Hand and Hand Early Learning Centre 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:

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:

Child's Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.

Official identity verification document/s sighted by staff:

☐ New Zealand birth certificate

☐ Foreign birth certificate

☐ New Zealand passport

☐ Foreign passport

☐ Other _____

Staff initials: _____

◆ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3-Collection of information from subject).

Additionally, all Privacy statements must include the exact wording below:

Personal Information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

*for funding allocation purposes

*for monitoring purposes

to allow the assignment of a National Student Number to your child, and

*to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purpose of monitoring and licensing

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

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

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:
Relationship to child:	Relationship to child:
Phone:	Phone:

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)	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

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

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:
Relationship to child:	Relationship to child:
Phone (Work/Home):	Phone (Work/Home):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Phone (Work/Home):	Phone (Work/Home):
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"/>
Does your child have additional needs?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have a long-term illness?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have food intolerances/allergies?	<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 Hand and Hand Childcare Centre.	
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 Cream	▪ Paw Paw Ointment / Sudo Cream
▪ Anthisan Cream for insect bite/sting	▪ Savlon Antiseptic Cream
I give permission for SPF 50 NZ approved sunscreen to be applied to my child.	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
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: (fill out Individual Health Plan)	
<u>Individual Health Plan explained in depth to manager/key teachers and a copy kept with enrolment form.</u>	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

◆ Enrolment Details:

Date of Enrolment: ____ / ____ / ____ Date of Entry: ____ / ____ / ____ Date of Exit: ____ / ____ / ____

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	
Times Enrolled:						Total hours:

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

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total 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 DeclarationI hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at Hand and Hand Childcare Centre.

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

◆ Optional Charges- Enrolments for 20 hours ECE only (Maximum \$20 per week)

1. The optional charge is \$1 per attested hour to assist with:

- Online Portfolio
- Extracurricular activities

2. I understand that if I agree to pay for the optional charge, Hand and Hand Early Learning Centre may enforce payment.

3. The agreement to pay the optional charge will last till the enrolment is ended.

4. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.

5. I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

◆ Statutory Holidays

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

Hand and Hand Early Learning Service is **NOT** open on the following public holidays if they fall on a weekday:

New Year's Day, Day after New Year's Day, Auckland Anniversary Day, Waitangi Day, Good Friday, Easter Monday, ANZAC Day, Queen's Birthday, Matariki, Labour Day, Christmas Day, Boxing Day

◆ Authorisations:

Please indicate whether you give permission for your child:

Have a public health nurse visit your child when she calls Yes ☐ No ☐

Be taken to medical centre in case of any emergency Yes ☐ No ☐

To celebrate birthdays, special events and cultural celebrations Yes ☐ No ☐

Take part in regular excursions to the local park, short walk, shops, community library etc
(Please refer to our excursion policy for ratios) Yes ☐ No ☐

Parent Signature: _____ Date: _____

I give permission for my child to be **photographed or videoed** by our staff or students for the purpose of:

Assessment
Portfolio
Planning and evaluation
Centre publicity
Newsletter
Facebook
Website

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Parent Signature: _____ Date: _____

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

◆ 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 Hand and Hand Childcare Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____

◆ Policy Statement: Hand and Hand Early Learning Centre has a number of policies that set out the procedures in place for the care and education of 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.

◆ Parent Handbook: Please ensure you have read the information in the parent handbook as it covers important information about our centre and ways in which we can help you and your child settle into the service.

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

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