



Enrolment Form

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:	
<input type="radio"/> New Zealand birth certificate	<input type="radio"/> Foreign birth certificate
<input type="radio"/> New Zealand passport	<input type="radio"/> Foreign passport
<input type="radio"/> 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: _____

Name of parent and phone number during day: _____

Name of parent and phone number during day: _____

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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 child.

Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number of 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

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and 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.

Parent / Guardian Details (We will always call parents in the first instance)

1. Given names: _____
Surname / family name: _____
Address: _____
_____ Post Code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Email: _____
Relationship to child: _____

2. Given names: _____
Surname / family name: _____
Address: _____
_____ Post Code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Email: _____
Relationship to child: _____

3. Given names: _____
Surname / family name: _____
Address: _____
_____ Post Code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Email: _____
Relationship to child: _____

4. Given names: _____
Surname / family name: _____
Address: _____
_____ Post Code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Email: _____
Relationship to child: _____

Additional person/s who can pick up your child:

2. Given names: _____
Surname / family name: _____
Relationship to child: _____
Address: _____
_____ Post Code: _____
Phone (Home): _____ (Work): _____

2. Given names: _____
Surname / family name: _____
Relationship to child: _____
Address: _____
_____ Post Code: _____
Phone (Home): _____ (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)

Person/s who cannot pick up your child:

Name: _____
Name: _____

Name: _____
Name: _____

Additional Emergency Contacts (In the event we cannot contact you in emergency)

1. Given names: _____
Surname / family name: _____
Relationship to child: _____
Address: _____
_____ Post Code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____

2. Given names: _____
Surname / family name: _____
Relationship to child: _____
Address: _____
_____ Post Code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____

Childs doctor:

Name: _____

Phone: _____

Name of medical centre: _____

Address: _____

Health

Illness/allergies: _____

Is your child up-to-date with immunisations? *Tick One* **Yes** **No** (Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded *Tick One* **Yes** **No**

Enrolment Details

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

I understand Stepping Stones Daycare has a minimum enrolment of 7 hours per day for all age groups. I understand that there is a four week notice period for when my child leaves or decreases enrolled days. Notice must be given in writing and is taken from the date the notice is received. This notice period is charged by the centre regardless of whether your child attends or not.

Signed: _____

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
For 20 hours ECE fill out boxes below						
20 hours ECE at this service:						
20 hours ECE at another service:						

Parent Signature: _____ **Date:** ____ / ____ / ____

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 Signature: _____ **Date:** ____ / ____ / ____

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 Signature: _____ **Date:** ____ / ____ / ____

20 Hours ECE Attestation:

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

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

Parent Signature: _____ **Date:** ____ / ____ / ____

I understand that the fee being charged for my child is to cover the extra hours of enrolment over and above the 20 hours:

Yes No

I have agreed to pay the following Fees and give four weeks notice of leaving or decreasing days at the centre: (Fees are payable in a monthly basis)

Neglected parent fees will be passed onto debt collecting agencies and full costs incurred by this process will be added to the outstanding parent fees.

\$ _____ per month

Signed: _____

The centre closes for 10 working days at Christmas each year. The centre is closed on public holidays. The centre does not offer fee holidays for when sick or holiday leave is taken throughout the year.

Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, nappy 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: Please read the centres medicines policy for information regarding such items.

Do you approve category (i) medicines to be used on your child and for emergency first aid if required in emergency Tick One **Yes** **No**

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. Medicines MUST be handed over to a staff member - not left in child's bag.

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 copy taken: Tick One **Yes** **No**

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:** ____ / ____ / ____

I agree to observation, photographs and evaluations of my child being possibly put on display within the centre and / or kept on site and in other childrens portfolios / documentation.

I agree to photographs taken being able to be used on the centre's website. The centre will not use any photos on social media.

Signed: _____

I have viewed the sleeping facilities and read the sleeping policy.

Signed: _____

I have read the excursion policy. **Yes** **No**

Permission to go on short local outings / walks?: This means a short walk within 1 km of the centre and or visiting our local Maungawhau school. The excursion policy will be adhered to during these outings. **Yes** **No**

Signed: _____

I understand that there is a policy folder available to take away or to be read onsite containing all centre policies. **Yes** **No**

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 Stepping Stones Daycare, I declare that this form has been checked an all relevant sections have been completed.

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