



He Manu Hou

Enrolment Agreement Form

Bilingual Early Childhood Centre Administration Records

50 Bridge Rd, Washdyke, Timaru 0204 683 464

◆ 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 _____

Child's primary residential address:

Post Code:

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's date of birth: d d / m m / y y y y

Male

Female

◆ 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

* 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.

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

◆ Enrolment Details:						
Date of Transition: ____ / ____ / ____			Date of Start: ____ / ____ / ____			
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
For the 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:
Parent/Guardian must sign this section to confirm enrolled hours						
Parent/Guardian Signature: _____					Date: ____ / ____ / ____	

◆ 20 Hours ECE Attestation:	
<i>This sections only applies to children 3 years or older</i>	
1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 He Manu Hou.	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

◆ Statutory Holidays / Term Breaks	
I understand that this enrolment agreement is inclusive of school term breaks. I understand He Manu Hou is closed on all Public Holidays and for a period over Christmas and New Years.	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

◆ Medicine	
Category (i) Medicines	
<i>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.</i>	
Do you approve category (i) medicines to be used on your child? 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:	
▪ Zinc and Castor oil	▪ Insect bite treatment
▪ Kawakawa balm	▪ Baby powder corn starch
The centre provides sunscreen for children from October to March. I give permission for the centre sunscreen (Smart 365 SPF 50) to be applied to my child? <i>If no please provide a bottle of sunscreen that can remain at the Centre for staff to apply as required.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian Signature: _____ Date: ____/____/____	

Category (ii) Medicines
<i>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>
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
<i>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.</i>
Name of medicine:
Method and dose of medicine:
When does the medicine need to be taken? <i>(State time or specific symptoms)</i>
Parent/Guardian Signature: _____ Date: ____/____/____

◆ Te Aitarakahi and Arowhenua Whānau Services	
Te Aitarakahi and Arowhenua Whānau Services are available for you and your whānau. Would you like to know more information on these services?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

◆ Parents / Guardians / Emergency Contact:	
1. Mr / Mrs / Miss / Ms <i>please leave blank if preferred</i>	2. Mr / Mrs / Miss / Ms
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Essential Worker: Yes / No	Essential Worker: Yes / No
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. Mr / Mrs / Miss / Ms	4. Mr / Mrs / Miss / Ms
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Essential Worker: Yes / No	Essential Worker: Yes / No
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? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If YES, please give details of any custodial arrangements or court orders (a copy of any court order is required)</i>	
Person/s who <u>cannot</u> pick up your child:	
1. Mr / Mrs / Miss / Ms	2. Mr / Mrs / Miss / Ms
Given names:	Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
3. Mr / Mrs / Miss / Ms	4. Mr / Mrs / Miss / Ms
Given names:	Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:

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

◆ Additional Contacts able to pick up your child:	
1. Mr / Mrs / Miss / Ms	2. Mr / Mrs / Miss / Ms
Given names:	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):
Relationship to child:	Relationship to child:
1. Mr / Mrs / Miss / Ms	2. Mr / Mrs / Miss / Ms
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone:	Phone:
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

◆ Parent Declaration
<p>In signing this form, I hereby:</p> <p>Agree to pay all fees based on the current Fee Schedule as provided. I understand that my child's place may be forfeited if fees are not kept up to date or if my child has a non-attendance of 9 consecutive days.</p> <p>Agree to abide by He Manu Hou Centre Policies as outlined in the Parent Handbook as provided on enrolment.</p> <p>I declare that all the information given in this form is true and correct to the best of my knowledge.</p> <p>Parent/Guardian Signature: _____ Date: ___ / ___ / ___</p>

ADMIN USE ONLY			
Start date confirmed	Yes <input type="checkbox"/>	Date: ___ / ___ / ___	Staff: _____
Copy of ID taken and sighted	Yes <input type="checkbox"/>	Date: ___ / ___ / ___	Staff: _____
Copy of immunisations taken and sighted	Yes <input type="checkbox"/>	Date: ___ / ___ / ___	Staff: _____
Copy of health plan taken	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	Date: ___ / ___ / ___ Staff: _____
Copy of custodial arrangement taken	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	Date: ___ / ___ / ___ Staff: _____
<p>On behalf of He Manu Hou, I declare that this form has been checked and all relevant sections have been completed.</p> <p>Service Provider Signature: _____ Date: ___ / ___ / ___</p>			

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