

**Enrolment Agreement Form 2023**  
**Kopuwai Early Learning Centre**



**◆ 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 primary residential address:**

Postcode:

Copy of official identity verification document\* sighted by staff:

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

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**NSN number** \_\_\_\_\_

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

Male

Female

Child's ethnic origin/s:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Iwi your child belongs to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Language/s spoken at home:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

% of each

Is there anything specific we need to know about to support your ethnicity / religion / culture / traditions? What makes your family unique?

Yes

No

N/A

*How did you hear about us?*

*What made you choose our centre?*

**Pre - Enrolment**

*For pre-enrolment enquires when would you like to start?*

*What other information for pre-enrolment would you like to share?*

*As we are a not-for-profit centre run by a Governance Committee, would you be interested in joining our Committee now or at a later date?*

*As part of being not-for-profit it is necessary for us to fundraise. Would you be happy to partake in fundraising efforts during your enrolment at Kopuwai. Yes / Maybe / No*

<b>For Administration Use Only:</b>	Previsit #1 <input type="checkbox"/>	Previsit #2 <input type="checkbox"/>	Booking Form <input type="checkbox"/>
Profile Teacher <input type="checkbox"/>	Profile Book <input type="checkbox"/>	Kete Basket <input type="checkbox"/>	Storypark <input type="checkbox"/>
Enrolment Fee <input type="checkbox"/>	Email List <input type="checkbox"/>	Photo <input type="checkbox"/>	Optional Charge <input type="checkbox"/>

◆ **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 purposes 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.**

<b>Parents / Guardians / Caregivers:</b>			
<b>1. Given names:</b>			
<b>Surname / family name:</b>			
<b>Relationship to child:</b>			
Address:			Post Code:
Phone (Home):		Phone (Mobile):	
Phone (Work):		Workplace:	
Email:			
Is this the email address for electronic invoices?			Yes   No   N/A
Can we add this email address to our <b>electronic mailing list</b> ?			Yes   No   N/A

<b>2. Given names:</b>			
<b>Surname / family name:</b>			
<b>Relationship to child:</b>			
Address:			Post Code:
Phone (Home):		Phone (Mobile):	
Phone (Work):		Workplace:	
Email:			
Is this the email address for electronic invoices?			Yes   No   N/A
Can we add this email address to our <b>electronic mailing list</b> ?			Yes   No   N/A

**In an emergency we will attempt to contact the Parent/Guardian/Caregiver first, before any of the additional contacts listed below**

<b>Additional Contacts: Also able to pick up child</b> <i>(to be contacted in an emergency if the above caregivers cannot be reached)</i>	
<b>1. Name:</b>	<b>2. Name:</b>
Relationship to Child:	Relationship to Child:
Phone (Daytime):	Phone (Daytime):
Phone (Mobile):	Phone (Mobile):
<b>3. Name:</b>	<b>4. Name:</b>
Relationship to Child:	Relationship to Child:
Phone (Daytime):	Phone (Daytime):
Phone (Mobile):	Phone (Mobile):

**Additional person/s (other than those listed prior) who can pick up your child:  
Person collecting child must be 14 yrs or older**

<b>5. Name:</b>	<b>6. Name:</b>
Phone (Mobile):	Phone (Mobile):
<b>7. Name:</b>	<b>8. Name:</b>
Phone (Mobile):	Phone (Mobile):

**Custodial Statement**

Are there any custodial arrangements concerning your child?	YES	NO
If <b>YES</b> , 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:

I hereby agree to notify the centre if anyone other than the people already listed in this agreement will pick up my child and understand that my child will be kept at the centre until such permission is received.

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

**Health Information**

Child's Doctor:	Ph:
Surgery:	

**Please provide details of any illness/allergies, food intolerances or special requirements:**

	Date:
	Date:

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

**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 the service and kept in the first aid cabinet.

*Note: 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? *Tick One* Yes  No

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

- |   |  |
|---|--|
| ▪ Weleda Arnica Cream <i>(for minor bumps and bruises)</i> Yes / No             | ▪ Sudocream <i>(for nappy rash)</i> Yes / No |
| ▪ Medcream Antiseptic Cream <i>(for cuts, insect bites and stings)</i> Yes / No | ▪ Band-aids/ sticky plasters Yes / No        |

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

**Category (ii) Medicines** - Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or nonprescription (such as paracetamol liquid, cough syrup, creams 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 and **I will pass this medicine onto a teacher for safekeeping.**

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, eczema, nappy rash etc and is for the use of that child only.

**For staff:** Individual health plan sighted and a 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Health other

**Sunscreen** – For Term 1 and Term 4 sensible sun protection procedures are required to protect your child from the harmful sun. The best protection is a brimmed hat, covered shoulders and applying sunscreen in the morning before your child attends. To further protect your child we apply sunscreen at approximately 11am & 3pm (as per policy) and also have sunscreen available at the sign in desk.

I have read and understood the Sun Protection Policy included in the enrolment pack Tick

**PLEASE ONLY TICK ONE OF THE FOLLOWING;**

I consent to my child having sunscreen (supplied by Kopuwai ELC) applied Tick One Yes  No

**OR** I will provide my own sunscreen to be applied to my child Tick One Yes  No

**Illness Procedure** – Kopuwai Early Learning Centre has an Illness procedure to protect the good health and wellbeing of adults and children attending our centre that clearly states that sick children will be sent home. We encourage you to read and familiarise yourself with this policy that is available in the enrolment pack.

I have read and understood the Illness Policy included in the enrolment pack Tick

I agree to not bring my child to the centre with a notifiable childhood illness. Tick

I agree that my child will not attend the centre within 48 hours of vomiting and/or diarrhoea. Tick

I authorise the centre to seek medical advice for my child's best interests in the event of an accident or emergency where the parents/caregiver cannot be contacted including transporting to the local medical centre if required. Tick

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ◆ Enrolment Details:

Date of Enrolment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Exit: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Booking sessions are a minimum of 6.0hrs.**

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
Times Enrolled:						
Desirable times:						

**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. **For 20 Hours ECE fill out boxes below with the hours attested.**

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

I hereby consent to:

- Keep my child's attendance within the daily booked times.
- Complete the "daily sign in" desk procedure.
- Notify the centre if my child will be absent.
- Pay the weekly invoice within seven days from invoice date and understand that the parents/guardians named in this agreement will be liable for any debt recovery collection fees. Invoices are generated in arrears.
- I have read and understood the Attendance & Related Charges Policy, to familiarise myself with what costs are associated with the care of my child.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ◆ Dual Enrolment Declaration

I hereby declare that my child **is / is not** (circle correct option) enrolled at another early childhood education service at the same times that he/she is enrolled at Kopuwai Early Learning Centre.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ◆ Statutory Holidays / Xmas Closedown

This enrolment agreement is **inclusive** of school term breaks. Kopuwai Early Learning Centre is **not open for any Public Holidays** and doesn't charge any fees for any days that we are closed. We have a Xmas closedown period of approximately 10-14 days. Dates are advised at least two months prior.

**◆ 20 Hours ECE Attestation:***(complete only for children 3/4/5 years old)*

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Optional Charges:**

1. The optional charge is for: Additional staff beyond the minimum regulated adult/child ratios at a rate of \$3 per booked day.
2. I understand that if I agree to pay for the optional charge, Kopuwai Early Learning Centre may enforce payment.
3. The agreement to pay the optional charge will last for: 12 months and will be reviewed on a regular basis.
4. The rules about making changes to the agreement are: You must give a minimum of 2 weeks notice in writing should you wish to cancel this optional charge agreement.
5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.
6. 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:        /        /

**Required Information for Licensing Purposes****Excursions:** I give permission for my child to leave Kopuwai Early Learning Centre for walks or brief outings in the company of staff, as per our Excursions Policy included in the enrolment pack.**Yes****No****OSH Hazard Identification:** I have read and understand the Centre's Hazard Identification List. I have asked staff to explain anything I don't understand.**Yes****No****Photo/video:**

- I hereby consent to digital images (still or moving), and written observations of my child, to be recorded and displayed within the centre for group or individual planning, evaluation and assessment. Including wall displays, profile stories and Storypark.

**Yes****No**

- I hereby consent to photographs of my child being published on your website and/or Facebook.

**Yes****No**

<ul style="list-style-type: none"> <li>Occasionally for publicity purposes, local media will photograph children for publication, sometimes recording name and age. Once authorised by a senior teacher, do you consent for your child to be included?</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>For use for Teachers Professional learning development and registration documentation</li> </ul>	Yes	No
<b>Reducing Food-Related Choking for Babies &amp; Young Children at Early Learning Services:</b> I have read and understood the information provided in the MOH Reducing the Risk of Choking document included in the enrolment pack.	Yes	No

### Other information

- Policy Statement:** Kopuwai Early Learning Centre has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. Most of this information is available in our enrolment pack or they are available on request. 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.
- I have read and understood the Social Competency Policy included in the enrolment pack **YES**
- Child's strengths, interests and preferences:** Please talk to a teacher about your child's strengths, interests and preferences. What aspirations do you have for your child? What makes them unique? Is there any other information you would like to share to help make them feel comfortable in their new surroundings?
- Enrolment Fee:** A one-off non-refundable payment of \$20 is payable on a new enrolment at Kopuwai Early Learning Centre will be charged to your first invoices.

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

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

Parent/Guardian Signature: _____	Date: ____ / ____ / ____
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### Service Declaration

On behalf of Kopuwai Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____	Date: ____ / ____ / ____
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<b>For Administration Use Only:</b>	Leaving Date <input type="checkbox"/>	Last Invoice <input type="checkbox"/>	Account Cleared <input type="checkbox"/>
Removed from Email <input type="checkbox"/>	Removed from Storypark <input type="checkbox"/>	Profile Book Given <input type="checkbox"/>	