



### ◆ 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:  
name:

Given

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 Identification document/s sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

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

## ◆ Privacy Statement:

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](#)

*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.*

## ◆ Parents / Guardians:

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:

<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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 <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

**◆ Additional Emergency Contacts (also able to pick up child):**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

**◆ Child's doctor:**

Name:	Phone:
Name of medical centre:	

**◆ Health**

Illness/allergies:
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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)					
<b>For staff:</b> Immunisation records sighted, and details recorded:	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>◆ Medicine</b>	
<b>Category (i) Medicines</b>	
<p>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.</p> <p>Note: The service must provide specific information about the category (i) preparations that will be used.</p>	
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 service:</b>	
<ul style="list-style-type: none"> <li>▪ Savlon Antiseptic cream</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anthisan Antihistamine cream</li> </ul>
<ul style="list-style-type: none"> <li>▪ Natures Kiss Anti flamme Arnica</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cancer Society 50+ sunblock</li> </ul>
Parent/Guardian Signature: _____	Date: ____/____/____

<b>Category (ii) Medicines</b>	
<p>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.</p>	
<p>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.</p>	
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:

Yes

No

*Tick One:*

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

**◆ 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	Total hours:
Times Enrolled:						

**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?

<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2. Is your child receiving 20 Hours ECE at any other services?

*Tick One*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes to either or both 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 authorize 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 [insert name of service].

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

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

*If you request Optional Charges, this agreement must be included as part of your service's Enrolment Agreement Form.*

**◆ Optional Charges:**

*For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.*

1. The optional charge is for: (give details of specific activities or items, and their costs)

- Lunch charges for meals supplied by the center at \$2.50 per day
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2. I understand that if I agree to pay for the optional charge, Little Buddies may enforce payment.

3. The agreement to pay the optional charge will last for: for the time of the enrolment

4. The rules about making changes to the agreement are: (you must give the parent reasonable opportunity in which to change their mind):

- 2 weeks notice

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

#### ◆ Statutory Holidays / Term Breaks

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



## Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).
- **Little Buddies Secret garden**    **yes/no**    **sign:**
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation
- **Facebook/Instagram**    **yes/no**    **Sign:**
- **Wall displays**            **Yes/no**    **Sign:**
- **Story park**                **Yes/no**    **Sign:**
- **Advertising**              **Yes/no**    **Sign:**

## Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Little Buddies 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. 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 Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.
- **Transitional School Visits:** Information on transition arrangements.
- **Correspondence School Enrolment:** Details of enrolment agreement.

## ◆ 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 Little Buddies 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>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____/____/____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ <span style="float: right; margin-left: 200px;">ate: ____/____/____</span>						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____/____/____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature:

\_\_\_\_\_

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