

FREYBERG COMMUNITY Preschool

OPENING THE DOORS ON LIFELONG LEARNING

60 Roberts Road, Te Atatu South. Ph: 09 836 5889

OFFICE USE ONLY

DATE OF ENROLMENT:

DATE OF ENTRY:

DATE OF EXIT:

IDENTITY VERIFICATION:

Birth Certificate NZ Passport

Foreign Birth Certificate Foreign Passport Other

SIGHTED IMMUNISATION CERTIFICATE?

15mth 4 years Not immunised

RECEIVING 20 HOURS: Yes No

CHILD'S INFORMATION

CHILD'S OFFICIAL FIRST NAMES:

CHILD'S OFFICIAL SURNAME:

NAME YOUR CHILD IS KNOWN BY / PREFERRED NAME:

DATE OF BIRTH:

Male Female

PRIMARY ADDRESS:

POSTCODE:

ETHNIC ORIGIN:

Iwi (if applicable):

LANGUAGE/S SPOKEN AT HOME:

PARENTS / GUARDIANS

FIRST NAMES:

FIRST NAMES:

SURNAME:

SURNAME:

RELATIONSHIP TO CHILD:

RELATIONSHIP TO CHILD:

PRIMARY ADDRESS:

PRIMARY ADDRESS:

PHONE (Home):

PHONE (Home):

PHONE (Work):

PHONE (Work):

PHONE (Mobile):

PHONE (Mobile):

EMAIL:

EMAIL:

EMERGENCY CONTACTS

FULL NAME:

FULL NAME:

PHONE:

PHONE:

ADDITIONAL PEOPLE ABLE TO PICK UP CHILD

FULL NAME:

FULL NAME:

PHONE:

PHONE:

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: eli.education.govt.nz.

* Information about acceptable identity verification documents is available online at eli.education.govt.nz.

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.

CUSTODIAL STATEMENT

Are there any custodial arrangements concerning your child? Yes No

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:

CHILD'S DOCTOR

CLINIC NAME:

DR NAME:

ADDRESS:

PHONE:

CHILD'S HEALTH

ALLERGIES:

ILLNESSES:

UP TO DATE IMMUNISATIONS? Yes No (Please provide verification of all immunisations)

FOR STAFF: Immunisation Records sighted and details recorded? 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.

I APPROVE FOR THE ABOVE CATEGORY (i) MEDICINES TO BE USED ON YOUR CHILD? 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 Maori (Maori 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 symptom 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.

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:

FOR STAFF: Individual health plan completed and signed: Yes No

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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:
FOR 20 HOURS ECE FILL OUT BOXES BELOW WITH THE HOURS ATTESTED E.G. 6 HOURS						
20 Hours ECE at this service						Total:
20 Hours ECE at this service						Total:

PARENT / GUARDIAN SIGNATURE:

DATE:

20 HOURS ECE (3, 4 & 5 YEAR OLDS)

IS YOUR CHILD RECEIVING 20 HOURS ECE FOR UP TO SIX 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.
- 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 Freyberg Community Preschool.

PARENT / GUARDIAN SIGNATURE:

DATE:

STATUTORY HOLIDAYS / TERM BREAKS

Freyberg Community Preschool is closed for all school holidays and statutory holidays. These dates will be advertised in our regular newsletter and on the whanau notice board.

ADDITIONAL INFORMATION FOR LICENSING PURPOSES

• **Policy Statement:** Our 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.

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PARENT DECLARATION

OPTIONAL CHARGES

I understand that this centre invites me to make optional payments toward my child's participation in trips / activities, special events and for their portfolio & writing book.

- I understand that if I agree to pay for the optional charge, Freyberg Community Preschool may enforce payment.
- The agreement to pay the optional charge will last for the time my child is enrolled at Freberg Community Preschool.
- The rules about making changes to the agreement are:
- I understand that optional charges are not compulsory and if I choose not to pay there will be no penalty.
- **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:

I understand that my child may be photographed or videoed from time to time as part of the centre's assessment, planning and evaluation practices. No image of my child will be used for promotional or other purposes without my separate written consent.

I agree to pay any extra costs for trips if my child is going to attend.

I agree to pay for any extra costs/fees set by a debt collection agency if they are required to collect from me any outstanding fee's.

I give my child permission to be taken for walks within Freyberg Community School as part of our Transition to School Programme (ratio will be as required on license 1 teacher to 10 children)

I give my child permission to be taken on impromptu walks within the community with a ratio of 1 teacher to 10 children (see travel policy folder on portfolio shelf)

I give permission for photos and videos to be taken of my child and displayed within the pre-school environment as well as on our Facebook page and website.

I agree to keep my child home in the event of sickness or infectious illness such as chickenpox, measles, vomiting/diarrhea etc

What primary school will your child attend: _____ I give permission for my child's details to be given to this school.

I understand a \$12 late fee will be added to my account if I am late picking up my child.

I agree to provide a birth certificate and immunisation certificate on enrollment.

I have read and understand the Privacy Statement at the bottom of this form.

PARENT / GUARDIAN SIGNATURE:

DATE:

SERVICE DECLARATION

On behalf of Freyberg Community Preschool, I declare that this form has been checked and all relevant sections have been completed.

SERVICE PROVIDER SIGNATURE:

DATE:

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