

Enrolment Agreement Form



◆ 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 date of birth: dd / mm / yyyy

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:

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.

◆ Parents / Guardians:	
1. Given names:	2. 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):
Email:	Email:
Relationship to child:	Relationship to child:
3. Given names:	4. 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):
Email:	Email:
Relationship to child:	Relationship to child:
Additional person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Phone (Home):	Phone (Home):

◆ 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 <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:
◆ Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. 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):
Email:	Email:
3. Given names:	4. 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):
Email:	Email:

◆ Child's Doctor

Name: _____ Phone _____

Name of medical centre: _____

Has your child been immunised?

Tick One Yes

No

◆ Medicine

To be filled 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 use of that child only.

For staff: Individual health plan sighted and a copy taken:

Yes

No

Name of medicine:

Method and dose of medicine:

When does this medicine need to be taken: (State time and 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	
Times Enrolled:						Total hours:

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?

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: ____ / ____ / ____

◆ 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: ____ / ____ / ____

◆ Optional Charges:

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

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)

sun block, extra resources, special activities, high ratio of qualified staff.

special excursions

2. I understand that if I agree to pay for the optional charge, Playday may enforce payment.

3. The agreement to pay the optional charge will last for: until child leaves Playday

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

- If the funding rates decreases from the Ministry of Education
- General increases in running cost that makes it hard to meet budget

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: ____ / ____ / ____

◆ 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 [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date: ___ / ___ / ___

Change of Days/Times of Enrolment:

Effective Date of Change:

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: ___ / ___ / ___

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 _____

Change of Days/Times of Enrolment:

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: ____ / ____ / ____

Terms and Conditions

Please read and agree to the following before signing

Illness

I will not bring my child to the centre in the event of sickness or infectious illness. I will notify the centre before the start of the session if my child is not attending and inform the nature of the illness.

- I understand that my child must **stay away for at least 48 hours after the last symptoms of diarrhoea and/or vomiting**. This is the minimum exclusion period. If 48 hours have passed but my child is still visibly unwell (e.g., has a fever, is lethargic, or unable to participate), they should not attend the center.
- I also understand that if my child becomes sick while at the center, they must be collected by a parent and taken home as soon as possible.
- Additionally, if a parent is unwell when picking up their child, the child should be brought to them by someone else to prevent the sick parent from walking through the center.

Medication

I authorise Playday staff to administer any medication given by me for my child in the case of an emergency.

Child access

I will notify the centre if anyone other than those listed on the enrolment form is to pick up my child, and I understand that my child will be kept in the centre until permission has been given/signed.

Playday holiday

I understand that Playday is closed during first week of the school holidays for term 1,2 and 3. For summer holidays Playday reopens on the last week of January.

Withdrawing your child

I agree to give a minimum of **TWO WEEKS NOTICE** before withdrawing my child from the centre or change of enrolment days.

Fees

I understand that the fees will be paid for my child when we take our child on holiday during the term. If a public Holiday during Term falls on a day my child is booked into your centre, I will still be charged for this day. If my child misses some time at the centre due to illness, make up days will be offered at the discretion of the centre. If I take my child on holiday, full fees will be charged to hold my child' space at Playday. Balance owing must be paid to Playday no later than your child's last day at the centre.

Enrolment

I understand that when my child turns 3 years of age, he/she will automatically roll over into the 8.30-2.30pm session. To receive ECE funded hours I need to sign my child's attestation form at least one week before she/he turns 3. I understand that if I do not sign the form prior to my child's 3rd birthday, ECE funded hours can only apply from the date the attestation form is signed.

I agree that I will sign the daily attendance sheet on my child's arrival. I will advise a staff member before taking my child from Playday and I will sign the attendance sheet again.

I give permission for my child to be taken to the nearest doctor or hospital in the event of an emergency.

I give permission to apply sun block when needed.

I give permission for staff to apply Arnica cream if required.

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 for my child to be photographed and or videoed for documentation in the classroom, in portfolios, Facebook (private page) and for newsletters.

I agree to notify Playday promptly regarding any absence and the reasons for absence.

I give permission for my child to leave Playday with staff on walks/visits within a 1km radius of the Centre. I understand Playday will complete a risk assessment for each outing which will be displayed on the day by the sign in sheet. I understand that children under 2 years old won't be attending any regular excursions. I understand that **Ratio** for 2 years old is 1:2 and that ratio for over 3 years old is 1:4.

I have read and understand the Privacy Statement on this form. Further, I understand that personal information about my child, including images of my child undertaking learning or an activity at the centre, images of something my child has produced (such as artwork) and stories and experiences of teaching staff involving my child, may be collected from time to time for the purpose of supporting the centre's teaching staff in their professional development and recertification with the Education Council. I agree to the collection, use and disclosure of information for this purpose. I understand that any items and personal information collected for this purpose may be retained for up to three years. Such items may be viewed by the teacher, their mentor, centre management and representatives of the Education Council of New Zealand and the Education Review Office. No images of my child's work will be made publicly available or used for any other purpose without my separate written consent.

Child Name: _____

Signed: _____ Name: _____

Date: _____

