



Palms Pre-school 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 <input type="checkbox"/>	Female <input type="checkbox"/>
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: <i>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.</i>			
Official Identification document/s sighted by staff: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport Other _____ </div> <div> <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport Staff initials: _____ </div> </div>			

◆ 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:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

◆ 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:	

◆ Health
Illness/allergies:

Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes	<input style="width: 30px; height: 25px;" type="checkbox"/>	No	<input style="width: 30px; height: 25px;" type="checkbox"/>
(Please provide verification of all immunisations)					
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	Yes	<input style="width: 30px; height: 25px;" type="checkbox"/>	No	<input style="width: 30px; height: 25px;" type="checkbox"/>

◆ Medicine	
Category (i) Medicines	
<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 style="width: 30px; height: 25px;" type="checkbox"/> No <input style="width: 30px; height: 25px;" type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
<ul style="list-style-type: none"> ▪ Woolworths Sunscreen SPF 50+ 	<ul style="list-style-type: none"> ▪ Nature's Kiss Anti-Flamme Arnica
<ul style="list-style-type: none"> ▪ Lucas' Papaw Ointment 	<ul style="list-style-type: none"> ▪
<div style="display: flex; justify-content: space-between;"> <div>Parent/Guardian Signature: _____</div> <div>Date: ____/____/____</div> </div>	

Category (ii) Medicines	
<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 <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/>
						No <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/>
<i>Tick One:</i>						
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	
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 Palms Pre-School

Parent/Guardian Signature:

Date: ____/____/____

◆ Statutory Holidays/ Term Breaks

- This enrolment agreement is inclusive of school term breaks.
- Palms Pre-School will not be open for any public holidays.

◆ **Authorisation Agreement:**

- **Policy Statement:** Palms Pre-School has a number of policies that set out the procedures that are in place for the care and education of the children who attend the centre. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by our policies and understand how you can have input to policy review.
- **Medical authority:** I authorise a senior staff member, in the event of illness or accident, to seek medical, or other advice as deemed necessary, for my child's best interest.

Parent/Guardian signature: Date:.....

- **Excursions:** My child has my permission to participate in regular excursions to Exeter Reserve and Meadowood Reserve with other children and appropriate staff ratios. Ratios of Adult: Child 1:4 for children over 2. Parents will be notified of any planned trip. Risk assessment of the regular excursion is available at the centre. Please sign below that you have sighted the risk assessment.

Parent/Guardian signature: Date:.....

▪ **Enrolment and Attendance:**

- I agree to collect my child within booked time and understand that penalty fees will apply if I exceed this time. A late fee of \$15 will be charged for the first 15 minutes. After this, an additional fee of \$2 per minute will apply.
- I understand that a minimum of three weeks' written notice is required before withdrawing my child from the Centre.
- I agree to notify the centre as soon as possible if my child is going to be absent.
- My child may only leave the preschool with adults listed on the enrolment form; or I will inform the centre if anyone other than me is to collect my child, and I understand that he/she must remain at the centre until my permission has been received.

Parent/Guardian signature: Date:.....

- **Photos/video:** As part of the planning process and to document learning, we gather artwork and photos of all children. I agree that my child may have his/her photo taken as well as be included in

- StoryPark Group Stories ☐ Yes ☐ No
- StoryPark Community Posts ☐ Yes ☐ No

I give permission for the use of photos and names to be used on Palms Pre-School's Facebook page, website and use for Palms Pre-School's material.

☐ Yes ☐ No

Parent/Guardian Declaration: Date:.....

- **Sunscreen protection:** I agree that staff may apply sunscreen to my child as per sun protection Policy.
- **Authorisation:** I have read this agreement along with the Palms Pre-School information pack and Centre Policies and agree to accept the conditions stated therein.

Parent/Guardian Declaration: Date:.....

Fees:

I/We agree to pay \$_____ per week

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 Palms Pre-School , 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:** ____/____/____

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/Guardian Signature:

ate: ____/____/ ____

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/Guardian Signature:

Date: ____/____/ ____