

# Pukeko Preschool Pakuranga Heights

Administration Records

## 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:**      Given name:  
Surname / family name:

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

☐ New Zealand birth certificate

☐ Foreign birth certificate

☐ New Zealand passport

☐ Foreign passport

☐ Other \_\_\_\_\_

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

Child's date of birth:    d d    /    m m    /    y y y y

Male

☐

Female

☐

Child's ethnic origin/s:

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Iwi your child belongs to:

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Language/s spoken at home:

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Child's primary residential address:

Post Code:

### Privacy Statement:

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: [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents)

### 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:

Any changes to this form **must** be signed and dated by the parent/guardian.

| 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):          |

| 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:                 |

| Custodial Statement                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|
| 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) |
|                                                                                                                           |
|                                                                                                                           |

| Person/s who cannot pick up your child: |       |
|-----------------------------------------|-------|
| Name:                                   | Name: |
| Name:                                   | Name: |

|                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Child's doctor:</b>                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                           | Phone:                   |
| Name of medical centre:                                                                                                                                                                                                                                                                                                                                                                                         |                          |
| <b>Health</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                          |
| Illness/allergies:                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| Is your child up-to-date with immunisations? <span style="float: right;">Tick One    Yes <input type="checkbox"/>    No <input type="checkbox"/></span>                                                                                                                                                                                                                                                         |                          |
| (Please provide verification of all immunisations)                                                                                                                                                                                                                                                                                                                                                              |                          |
| For staff: Immunisation records sighted and details recorded: <span style="float: right;">Tick One    Yes <input type="checkbox"/>    No <input type="checkbox"/></span>                                                                                                                                                                                                                                        |                          |
| <b>Medicine</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| <b>Category (i) Medicines</b>                                                                                                                                                                                                                                                                                                                                                                                   |                          |
| A category (i) medicine is a non-prescription preparation 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.                                                                                                                                                                                                             |                          |
| Please tick the relevant options:                                                                                                                                                                                                                                                                                                                                                                               |                          |
| <input type="checkbox"/> OK for Pamol <input type="checkbox"/> OK for Bonjella <input type="checkbox"/> OK for Arnica <input type="checkbox"/> OK for Papaw Ointment <input type="checkbox"/> OK for Sunscreen lotion                                                                                                                                                                                           |                          |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                       |                          |
| <b>Category (ii) Medicines</b>                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| 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. |                          |
| 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.                                                                                                                            |                          |
| Parent/Guardian Signature: _____                                                                                                                                                                                                                                                                                                                                                                                | Date: ____ / ____ / ____ |
| <b>Category (iii) Medicines</b>                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| 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: <span style="float: right;">Tick One:    Yes <input type="checkbox"/>    No <input type="checkbox"/></span>                                                                                                                                                                                                                                         |                          |
| 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: ____ / ____ / ____ |

## Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks and **exclusive** of Statutory Holidays.

## 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 |              |
| Start Time Enrolled:  |        |         |           |          |        |              |
| Finish Time Enrolled: |        |         |           |          |        | Total hours: |

**For 20 Hours ECE fill out boxes below with the hours attested e.g. 4 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 Pukeko Preschool Pakuranga Heights.

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

Any changes to this form **must** be signed and dated by the parent/guardian.

### Optional Charges: Pukeko Preschool Mangere East only

1. The optional charge is for: All day food provided including breakfast, morning tea, cooked lunch with desert, afternoon tea and late afternoon snack.

**Please understand that this is a not for profit service we provide for the benefit of children and parents.**

|                                                 | Number of days attending | Weekly cost |
|-------------------------------------------------|--------------------------|-------------|
| Breakfast, Morning Tea, Lunch \$4 per day       |                          |             |
| Afternoon Tea, Late Afternoon Snack \$1 per day |                          |             |

2. I understand that if I agree to pay for the optional charge, Pukeko Preschool Pakuranga Heights may enforce payment.

3. The agreement to pay the optional charge will last for the duration of the child's enrolment at Preschool.

4. The rules about making changes to the agreement are:

- Please come and speak to the manager to discuss.

5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty. However if you do not choose to buy daily food for your child with us, you will be required to provide **healthy breakfast, morning tea, lunch, afternoon tea and late afternoon snack** for your child - wrapped lollies and chippies will not be accepted.  
If you fail to provide food for your child or if the food provided is not healthy than we can provide emergency food for your child at a **cost of \$10 per day!**

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:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)

### Parent Declaration

**Policy Statement:** Pukeko Preschool Pakuranga Heights 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 have these available for parents to read at any time. 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 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 Pukeko Preschool Pakuranga Heights, 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 |              |
| Start Time Enrolled:                                      |        |         |           |          |        |              |
| Finish Time Enrolled:                                     |        |         |           |          |        | Total hours: |
| For 20 Hours ECE fill out boxes below                     |        |         |           |          |        |              |
| 20 Hours ECE at this service                              |        |         |           |          |        |              |
| 20 Hours ECE at another service                           |        |         |           |          |        |              |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____ |        |         |           |          |        |              |

| Change of Days/Times of Enrolment:                        |        |         |           |          |        |              |
|-----------------------------------------------------------|--------|---------|-----------|----------|--------|--------------|
| Effective Date of Change: ____ / ____ / ____              |        |         |           |          |        |              |
| Days Enrolled:                                            | Monday | Tuesday | Wednesday | Thursday | Friday |              |
| Start Time Enrolled:                                      |        |         |           |          |        |              |
| Finish Time Enrolled:                                     |        |         |           |          |        | Total hours: |
| For 20 Hours ECE fill out boxes below                     |        |         |           |          |        |              |
| 20 Hours ECE at this service                              |        |         |           |          |        |              |
| 20 Hours ECE at another service                           |        |         |           |          |        |              |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____ |        |         |           |          |        |              |

| Change of Days/Times of Enrolment:                        |        |         |           |          |        |              |
|-----------------------------------------------------------|--------|---------|-----------|----------|--------|--------------|
| Effective Date of Change: ____ / ____ / ____              |        |         |           |          |        |              |
| Days Enrolled:                                            | Monday | Tuesday | Wednesday | Thursday | Friday |              |
| Start Time Enrolled:                                      |        |         |           |          |        |              |
| Finish Time Enrolled:                                     |        |         |           |          |        | Total hours: |
| For 20 Hours ECE fill out boxes below                     |        |         |           |          |        |              |
| 20 Hours ECE at this service                              |        |         |           |          |        |              |
| 20 Hours ECE at another service                           |        |         |           |          |        |              |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____ |        |         |           |          |        |              |

Any changes to this form **must** be signed and dated by the parent/guardian.