



## Enrolment Agreement Form

# Ko Taku Reo Preschool

### CHILD'S DETAILS

Child's official surname or family name:	Child's official given name:
Official other / middle names:	Name your child is known by / preferred name:
Child's date of birth:	Gender:
Child's ethnic origin/s:	Iwi your child belongs to:
Language/s spoken at home:	NSN Number:
Primary residential address:	
Post Code:	
Official identity verification document Official identification document/s sighted by staff:	
<input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Other _____	<input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport Staff initials: _____

### PARENTS / GUARDIANS

1. Given names:	2. Given names:
Surname / Family Name:	Surname / Family Name:
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Phone (Work):	Phone (Work):
Phone (Home):	Phone (Home):
Email:	Email:
Relationship to child:	Relationship to child:

### EMERGENCY CONTACTS (other than Parent/Guardian - must be able to pick up your child)

1. Given names:	2. Given names:
Surname / Family Name:	Surname / Family Name:
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Phone (Work):	Phone (Work):
Phone (Home):	Phone (Home):
Email:	Email:
Relationship to child:	Relationship to child:

### ADDITIONAL PERSON/S WHO CAN PICK UP YOUR CHILD

1. Given names:	2. Given names:
Surname / Family Name:	Surname / Family Name:
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Phone (Work):	Phone (Work):

Phone (Home):		Phone (Home):	
Email:		Email:	
Relationship to child:		Relationship to child:	

**CUSTODIAL STATEMENT**

Are there any custodial arrangements concerning your child? Tick One ☐ 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**

Name:		Name:	
Relationship to child:		Relationship to child:	
Conditional Access Terms:		Conditional Access Terms:	

**PERMISSIONS**

Please indicate below whether you give permission for your child to:

Public Access to use student images and work	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Access to use student images and work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Schoolwork Publication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Access to use student images and work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Be Taken To Medical Centre	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Hearing Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Excursions Consent (within KTR perimeter and 1/5 ratio)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Van Transport	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CHILD'S DOCTOR**

Name:		Phone:	
Name of medical centre:			

**HEALTH**

Illness/allergies:  
Specify any allergies:

Special Diet:

Is your child up-to-date with immunisations? Tick One ☐ Yes ☐ No

(Please provide verification of all immunisations)

For staff: Immunisation record sighted and details recorded: Tick One ☐ Yes ☐ No

**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. If you approve category (i) medicines to be used on your child, please supply the names of the specific category (i) medicines that can be used, provided by service (i.e. Arnica Cream, Antiseptic Wipes, Paw-Paw Ointment). Leave this section blank if you do not approve.

Medicine(s):

Parent/Guardian Signature: \_\_\_\_\_ Signature 2: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**CATEGORY (II) MEDICINES**

A 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, provide 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 symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature: \_\_\_\_\_ Signature 2: \_\_\_\_\_ 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: Tick One ☐ Yes ☐ No

Name of Medicine:



Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptoms)

Parent/Guardian Signature: \_\_\_\_\_ Signature 2: \_\_\_\_\_

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

**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.**

**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)

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2. I understand that if I agree to pay for the optional charge, Ko Taku Reo Preschool, Auckland may enforce payment.

3. The agreement to pay the optional charge will last for: [insert time]

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

■ (Please insert rules here)

■

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 **exclusive** of school term breaks.  
Ko Taku Reo Preschool, Auckland is not open on public 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	Total hours
Times Enrolled:						

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

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

**FEES**

I agree to pay fees in accordance with the centre fee payment schedule.

**FOR 20 HOURS ECE FILL OUT BOXES BELOW WITH THE HOURS ATTESTED E.G. 6 HOURS**

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
20 Hours ECE at this service						
20 Hours ECE at another service						

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 (Please circle one)**

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 Ko Taku Reo Preschool, Auckland

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

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

#### PARENT DECLARATION

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Signature 2: \_\_\_\_\_

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

#### Service Declaration

On behalf of Ko Taku Reo Preschool, Auckland, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

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

#### Additional Information

Please indicate below whether you give additional information for your child to:

Enrolment Criteria

Child Communication Mode/s

Language Development

Complex Needs

Toileting Needs

Professional Agencies

Professional Agency Facilitator Name

Administration Fee - I agree to pay annual administration fee \$20 (for those receiving 20 hrs free ECE this is an optional charge).

☐

Yes

☐

No



6.

This form is in relation to a disability or health issues your child may have.  
The information contained on this sheet provides us with a better understanding and knowledge of your child.

Diagnosis by a medical practitioner, please provide copies of reports if possible:

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Professionals working with your child (e.g. early intervention teacher, AODC), please list their names and contacts:

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I give permission for staff at Ko Taku Reo Pre-school to collect information about \_\_\_\_\_ from

- ☐ AODC
- ☐ Early Intervention teacher
- ☐ Other professional, please specify \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## PRESCHOOL CHANGE OF ENROLMENT FORM

**Child's Name:** \_\_\_\_\_

**Current Enrolment Details:**

Days Enrolled		Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled	AM						
	PM						
20 Hours ECE at this service							
20 Hours ECE at another service							

**Change of Days/times of Enrolment**

Days Enrolled		Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled	AM						
	PM						
20 Hours ECE at this service							
20 Hours ECE at another service							

**Requested date of change:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approved:** Yes ☐ No ☐

**Date:** \_\_\_\_\_

**Senior Teacher Signature:** \_\_\_\_\_

*Date Entered into APT* \_\_\_\_\_

## PRESCHOOL CHANGE OF ENROLMENT FORM

**Child's Name:** \_\_\_\_\_

**Current Enrolment Details:**

Days Enrolled		Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled	AM						
	PM						
20 Hours ECE at this service							
20 Hours ECE at another service							

**Change of Days/times of Enrolment**

Days Enrolled		Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled	AM						
	PM						
20 Hours ECE at this service							
20 Hours ECE at another service							

**Requested date of change:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approved:** Yes ☐ No ☐

**Date:** \_\_\_\_\_

**Senior Teacher Signature:** \_\_\_\_\_

*Date Entered into APT* \_\_\_\_\_

d.

**PRESCHOOL CHILD ADDRESS/CONTACT DETAILS**

**Name:** \_\_\_\_\_

**Parent details:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone numbers:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_  
\_\_\_\_\_

**PRESCHOOL CHANGE OF ADDRESS/CONTACT DETAILS**

**Name:** \_\_\_\_\_

**Parent details:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone numbers:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_  
\_\_\_\_\_