|  |
| --- |
| Owlets Forest Early Learning CentreEnrolment Agreement Form |
| **Child:** |
| Child’s **official surname** or **family name**:  |
| Child’s **official** **given name**:  |
| Child’s **official other names** / **middle names:**   |
| **Name your child is known by / preferred name:**  Surname / family name: Given name:  |
| Official Identification document/s sighted by staff: ❑New Zealand birth certificate ❑ Foreign birth certificate ❑ New Zealand passport ❑ Foreign passport Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff initials**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Child’s date of birth: / / Male |  |  Female |   |   |
| Child’s ethnic origin/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Iwi your child belongs to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Language/s spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Child’s primary residential address:  |
|   |
|  Post Code: |

|  |
| --- |
| Parent / Guardian: |
| **First names:**   | **First 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:  |
| Person responsible for Payment of Fees (if different from above): |
| **First names:**   | **Relationship to child:**   |
| **Surname / family name:**   | Phone (Home/Work):  |
| Address:  | Phone (Mobile):  |
|  Post Code:  | Email:  |
| I agree to pay the fees charged for this child’s enrolment at Owlets Forest Early Learning Centre, in accordance with the fee schedule published at the time.Signature: Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

|  |
| --- |
| Additional Emergency Contacts (also able to pick up child): |
| **First names:**   | **First 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):  |
| 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):  |
| Relationship to child:  | Relationship to child:  |

|  |
| --- |
| **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 cannot pick up your child**:  |
| Name:  | Name:  |
| Name:  | Name:  |

|  |
| --- |
| **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 20 Hours ECE at another service  |   |   |   |   |   | Total hours:  |
|   |   |   |   |   | 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 Owlets Forest Early Learning Centre. Parent/Guardian Signature: Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_  |

|  |
| --- |
| **Doctor:** |
| Name:   | Phone:  |
| Name of Medical Centre:   |   |

|  |
| --- |
| **Health:** |
|  Illness/allergies:   |
| Is your child up-to-date with immunisations?  | Tick One  | Yes  |   | No  |   |   |
|  Please provide verification of all immunisations – Please note if your child is not vaccinated, they may be excluded for a period in the event of an outbreak. |
| **For staff:** Immunisation records sighted and details recorded:  | Tick One  | 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.  |
| Do you approve category (i) medicines to be used on your child? Tick One Yes  |   |  No  |   |   |
| Name/s of specific category (i) medicines that can be used on my child, **provided by service**:  |
|  ▪ Arnica |  ▪ Calendula cream | ▪ Sunscreen lotion |
| 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 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_  |
|  **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: Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_  |

|  |
| --- |
| **Privacy Statement** |
| 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](https://www.nzqa.govt.nz/login/national-student-number-nsn/)  |
| **Other information** |
| * This enrolment agreement is **inclusive** of school term breaks. Our service is closed only on Statutory Holidays.
 |
| * Policy **Statement:** Owlets Forest 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.
 |
| **Parent Declaration** |
| I declare that the above information is true and correct to the best of my knowledge. |
| I agree to pay the fees charged for my child’s enrolment at Owlets Forest Early Learning Centre, in accordance with the fee schedule published at the time. I agree to pay outstanding fees to the centre by the due date and that if I fail to do so I will be liable for any additional debt collection costs. |
| Excursions**: I APPROVE / DO NOT APPROVE** for my child to take part in regular excursions from the centre (under the conditions stated in the service’s excursions policy). **I will be notified in advance of any special excursions and will be asked to give signed permission for these.**  |
| Photo**/video: I understand my** child may be photographed for the purposes of assessment, planning and evaluation, 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 the teaching staff involving my child.* I AGREE / DO NOT AGREE that photographs/video of my child can be displayed on Owlets Forest Facebook page or Website
* I AGREE / DO NOT AGREE that photographs/video of my child can be used on other children’s Storypark when included in groups
 |
| I have read and understood the privacy statement at the top of this page. Further I understand that personal information about my child including any photographs of them, or their work can be retained for up to 3 years. Such documentation may be viewed by teachers, their mentors, centre management and representatives of the Teaching Council of New Zealand and Education Review Office. No images of my child’s work will be made publicly available without my written consentParent/Guardian Signature: Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |
| **Service Declaration** |
| On behalf of Owlets Forest Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed. Service Provider Signature: Date: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ |