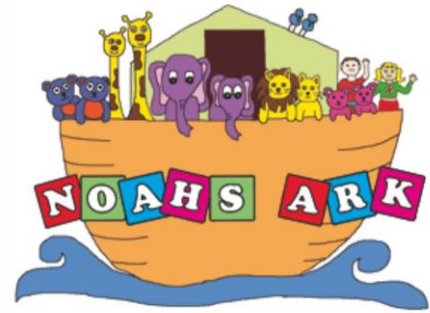


Noah's Ark Early Learning Centre Enrolment Form

19 Tawa Street
Gonville
Wanganui
Ph 06 34-77941



◆ 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:

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:

Iwi your child belongs to:

Language/s spoken at home:

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

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

* Information about acceptable identity verification documents is available online at
www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

Parents / Guardians:

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Date of Birth	Date of Birth
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Employer:	Employer:
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:
Date of Birth	Date of Birth
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):
Relationship to child:	Relationship to child:

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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):
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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):
Relationship to child:	Relationship to child:
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:
Relationship to child:	Relationship to child:

Child's doctor:

Name:	Phone:
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Name of medical centre:

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Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
▪ Curash Powder	▪ Sunscreen
▪ Arnica Cream	▪ Plasters
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:	<i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (State time or specific symptoms)	

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

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. (applies to 3 & 4 year olds only)						
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: (3 & 4 year olds only)	
1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?	
<i>Tick One</i> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your child receiving 20 Hours ECE at any other services?	
<i>Tick One</i> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> ▪ 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 Noah's Ark Early Learning Centre	
Parent/Guardian Signature: _____ Date: ____/____/____	

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

◆ Optional Charges:

If you request 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)

- Excursions & entry fees
- Transport

2. I understand that if I agree to pay for the optional charge, Noah's Ark Early Learning Centre may enforce payment.

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

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

- Parents/whānau/caregivers have to opportunity to change their minds in regards to the optional charge, however this will result in not taking part in activities which require the optional charge.

5. 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 **inclusive** of school term breaks.

Noah's Ark Early Learning Centre is **not** open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:

New Year's Day	<input checked="" type="checkbox"/>	Easter Monday	<input checked="" type="checkbox"/>	Christmas Day	<input checked="" type="checkbox"/>
Day after New Year's Day	<input checked="" type="checkbox"/>	ANZAC Day	<input checked="" type="checkbox"/>	Boxing Day	<input checked="" type="checkbox"/>
Waitangi Day	<input checked="" type="checkbox"/>	Queen's Birthday	<input checked="" type="checkbox"/>	Local Anniversary Day	<input checked="" type="checkbox"/>
Good Friday	<input checked="" type="checkbox"/>	Labour Day	<input checked="" type="checkbox"/>		

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), including spontaneous outings into the local community.
- **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)

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

Permissions					
<ul style="list-style-type: none"> ▪ Please indicate Yes/No your agreement to the following 					
<ul style="list-style-type: none"> ▪ Do you give permission for your child to take part in spontaneous outings? Yes/No (please delete one) 					
<ul style="list-style-type: none"> ▪ Photo/Video: Do you give permission for your child to be photographed for the purpose of assessment, planning and evaluation <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;">By permanent staff</td> <td>Yes/No</td> </tr> <tr> <td>By students</td> <td>Yes/No</td> </tr> </table> 		By permanent staff	Yes/No	By students	Yes/No
By permanent staff	Yes/No				
By students	Yes/No				
<ul style="list-style-type: none"> ▪ Website/Newsletter/Newspaper: Do you give permission for your child's photo to be placed on our public website page (no names will be included), the local paper, and our centre newsletter? Yes/No (please delete one) 					

◆ Parent Declaration
<p>In the event of an accident or emergency, I authorise the centre to seek advice or treatment as it deems necessary in the best interest of my child.</p> <p>I will adhere to the requirements and regulations of Noah's Ark Early Learning Centre and will pay my fees by the due date. (7days) Any outstanding debt will be referred to a Debt Collection Agency at my cost & my child's place will be cancelled immediately.</p> <p><u>Under the credit reporting privacy code 2004 Noah's Ark Early Learning Centre reserves the right to conduct a credit check.</u></p> <p>By signing this Enrolment Agreement Form, I agree for my child to participate in all areas of the centre's curriculum</p> <p>I will provide two weeks' notice of the cancellation of my child's placement at the centre. Failure to do so will incur 2 weeks charges.</p> <p>I declare that all the above information is true and correct to the best of my knowledge.</p>
<p>Parent/Guardian Signature: _____ Date: ____/____/____</p>

◆ Service Declaration
<p>On behalf of Noah's Ark Early Learning Centre I declare that this form has been checked and all relevant sections have been completed.</p>
<p>Service Provider Signature: _____ Date: ____/____/____</p>

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Change of Days/Times of Enrolment: (Office Use)						
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: ____ / ____ / ____						

Change of Days/Times of Enrolment: (Office use)						
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: ____ / ____ / ____						

Change of Days/Times of Enrolment: (Office use)						
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: ____ / ____ / ____						

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

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Version: November 2012