

# Flanshaw Early Childhood Centre.

## Enrolment Agreement Form

Phone: (09) 8347132



**FLANSHAW**  
Early Childhood Centres

### Child details:

Child's official given name:

Child's official surname or family name

Child's official other names / middle names: (please separate with a comma.)

Name your child is known by / preferred name:

Surname / family name:

Given name:

Official identity verification document to be 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

☐

Ethnic origin/ s:

Information required by the Ministry of Education

Iwi your child belongs to:

Languages spoken at home:

Child's primary residential home address:

Postcode

### Parents / Guardians:

Mr, Mrs, Ms. First Names:

Mr, Mrs, Ms First Names:

Surname:

Surname:

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:

### Emergency Contacts (also able to collect child)

First Names:

First Names:

Surname:

Surname:

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 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: |
|   |       |

| ◆ Enrolment Details: Please note our centre is not open on public holidays   |        |         |           |          |        |                        |
|--|--------|---------|-----------|----------|--------|------------------------|
| Date of Enrolment: ____ / ____ / ____ Date of Entry: ____ / ____ / ____ Date of Exit: ____ / ____ / ____   |        |         |           |          |        |                        |
| <b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> 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 number of hours: |
| For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours   |        |         |           |          |        |                        |
| 20 Hours ECE at this service   |        |         |           |          |        | Total number of hours: |
| 20 Hours ECE at another service  |        |         |           |          |        | Total number of 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 <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 2. Is your child receiving 20 Hours ECE at any other services?  |  |
| Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| If yes to either or both of the above, please sign to confirm that:   |  |
| <ul style="list-style-type: none"> <li>Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>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.</li> <li>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.</li> </ul> |  |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____   |  |

## ◆ Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at: Flanshaw Early Childhood Centre

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

### Doctor:

Name:

Phone:

Address:

### Health

Illnesses

Allergies:

Food child cannot eat:

Is your child up-to-date with immunisations?

Tick One

Yes

☐

No

☐

(Please provide verifications of all immunisations)

**For staff:** Immunisations record 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 Cream

▪ Antiseptic Cream

▪ Kawakawa Balm

▪ Saline

▪ Anthisan Cream (relief from insect bites and stings)

▪

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

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

#### Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as 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.

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

Individual health plan completed and signed:

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

### Sunblock

Do we have permission to apply Flanshaw supplied sunblock to your child when appropriate for the weather conditions? We use either Cancer Society and/or Nivea branded sunscreen with a minimum SPF50

Yes

☐

No

☐

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

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

### Nappy Rash Barrier Preparation

Do we have permission to apply Flanshaw supplied zinc and castor oil to your child when appropriate for the relief of discomfort due to nappy rash?

Yes

☐

No

☐

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

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

### Required Information for Licensing Purposes – I give permission for my child to: -

- Attend small local walks with an adult to child ratio of no more than 1 adult to 6 children  
Yes / No
- Be taken by Ambulance to a medical centre in the case of an emergency  
Yes / No
- Be photographed both individually and in group learning for the purposes of assessment, planning and evaluation.  
Yes / No
- Have their photos both individual and group shared through Story Park, our online sharing platform available to our children's families and teachers, utilised to keep you up to date with your child's learning.  
Yes / No

### Policy information

- **Policy Statement:** Our centre 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.
- **Fees Schedule and Policy:** I have read the fees schedule and agree to abide by the policy.
- **Important Health and Safety Information:** I have read and acknowledge the information provided including Ministry of Health guidance on reducing food related choking.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as medical information and ways in which we can help you and your child settle into the service.

**◆ 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**

I declare that this form has been checked and all relevant sections have been completed.

Service Provider 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

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