



CHILD ENROLMENT FORM

For Staff:
Enrolment type:
Start Date
ECE Start Date:
Finish Date:

◇ 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:

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:

Childs Identification:

Official identification document sight by Manager/Administrator. **(circle document provided)**

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other: _____

Staff initials: _____

****Please Note: We must sight your official document with the enrolment form before attending your first session**

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.

PARENTS / GUARDIANS	
1. Given name:	2. Given name
Surname / family name:	Surname / Family name:
Relationship to child:	Relationship to child:
Address:	Address:
Phone (mob):**	Phone (mob):**
**These mobile numbers will be entered into our Texta emergency text system for mass emergency contact situations	
Occupation:	Occupation:
Email:	Email:
EMERGENCY CONTACTS & Contacts able to pick up your child	
3. Given name:	4. Given name:
Surname / family name:	Surname /family name:
Phone (home):	Phone (home):
Phone (mobile):	Phone (mobile):
Relationship to child:	Relationship to child:
3. Given name:	4. Given name:
Surname / family name:	Surname /family name:
Phone (home):	Phone (home):
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 who <i>Cannot</i> pick up your child:	
Name:	Name:
Name:	Name:

CHILD'S DOCTOR																						
Name:	Phone:																					
Name of medical centre:																						
HEALTH																						
Allergies/Illness, Medical conditions we should know about:																						
Special Dietary Requirements: Is your child Vegetarian? Can your child eat Dairy (milk, cheese, yoghurt)? Can your child eat Fish? Can your child eat Eggs? (we use in baking, & scrambled eggs for morning tea)																						
Is your child up to date with Immunisations? Yes / No (Please provide Immunisation certificate with completed enrolment form)																						
For Staff: Immunisation records sighted, and details recorded: Yes/No Sign _____																						
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 air cabinet. Note: The service must provide specific information about the category (i) preparations that will be used.																						
Do you approve the following category (i) medicines to be used on your child? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>• Arnica cream</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Tea tree oil</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Saline solution</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Savlon/Dettol antiseptic liquid</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Soov cream (anti-itch)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Bonjela Teething Gel</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	• Arnica cream	<input type="checkbox"/>	<input type="checkbox"/>	• Tea tree oil	<input type="checkbox"/>	<input type="checkbox"/>	• Saline solution	<input type="checkbox"/>	<input type="checkbox"/>	• Savlon/Dettol antiseptic liquid	<input type="checkbox"/>	<input type="checkbox"/>	• Soov cream (anti-itch)	<input type="checkbox"/>	<input type="checkbox"/>	• Bonjela Teething Gel	<input type="checkbox"/>	<input type="checkbox"/>
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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.

If required in the case of an emergency, I agree to the Centre Manager, and/ or POR administering;

Paracetamol

Yes / No

Anti-histamine treatment

Yes / No

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: Circle 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: ____/____/____

Permission for emergency treatment

I give permission for my child _____ to be attended to by the nearest doctor or hospital in the event of an emergency.

Parent/Guardian Signature: _____ Date: ____/____/____

◇ Email Details

Please indicate below which email address(s) is preferable for Centre related messages and which is checked regularly by you.

Email: _____

◇ Siblings

Names and ages of siblings

◇ **ENROLMENT DETAILS** **Childs Name:** _____

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 eg: 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:**

1. Is your child receiving 20 Hours ECE subsidy for up to six hours per day, 20 hours per week at this service?
(Are you claiming any or all ece hours at this service?) Circle one Yes/No

2. Is your child receiving 20 Hours ECE at any other services?
(Are you claiming any ece hours at another service?) Circle one Yes/No

If Yes to either or both to 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 authorize 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 not enrolled at another early childhood institution at the same times that he/she is enrolled at Kohi Learning Centre.

Parent/Guardian Signature: _____ **Date:** ___/___/___

◇ **Optional Charges:** Not Applicable – At this centre we do not ask parents to pay optional charges

SPECIAL LEARNING REQUIREMENTS

Please share if your child has any Learning or Behavioral difficulties to enable us to better meet their needs in the preschool environment.

Does your child receive any special learning assistance from specialist professional team? If Yes, please indicate service and a current report.

◇ **Statutory Holidays / Term Breaks**

This enrolment agreement is inclusive of school term breaks. Compulsory close down from around 23rd December yearly for a period of 4 weeks, recommencing on the third Monday in January.

Kohi Learning Centre is closed on all public holidays. Standard fees are applied for Statutory days if your child's enrolled day falls on a statutory day.

Required Information for Licensing Purposes	Please Circle Yes/No
Sunscreen	
<p>As per our Sun Protection Policy staff will apply sunscreen to the children once a day between 12.30 – 1.00pm approx from 1st October to 30 April. Teachers will use their discretion as to additional applications of sunscreen.</p> <p>I agree for the staff at Kohi Learning Centre to apply the centres' sunscreen: <i>If your child requires a different sunscreen to the above, please provide this as required. Or if no sun screen can be applied please advise staff.</i></p>	<p>Yes</p> <p>No</p> <p>Will use own</p>
Excursions	
<p>I give permission for my child to leave the Learning Centre with staff to go into the designated Barfoot stadium space for use as the children's lunchroom during mealtimes or for other learning experiences.</p>	<p>Yes</p> <p>No</p>
<p>I give permission for my child to leave the Learning Centre with staff, on walks in and around the Stadium, Selwyn College grounds and within a 1 km radius of the Centre.</p>	<p>Yes</p> <p>No</p>
Planning/observations	
<p>I give permission for my child to be observed by Kohi Learning Centre staff for planning purposes. I understand that any information gathered about my child is kept confidential and can be viewed by myself at any time.</p>	<p>Yes</p> <p>No</p>
Photographing/Video Recording	
<p>I give permission for my child to be videoed / photographed and the photos displayed around the Centre.</p>	<p>Yes</p> <p>No</p>
<p>I give permission for my child's learning stories to be publish on our online portfolio platform – Educa. Only you or people you invite will be able to view this information.</p>	<p>Yes</p> <p>No</p>
<p>I give permission for my child to be photographed & included in the weekly brief. I understand that these are loaded on KLC private Facebook page for all participating families at the Centre. I acknowledge that some families may choose to forward these updates onto relatives & friends to view.</p>	<p>Yes</p> <p>No</p>
<p>I am aware that when I take photographs or video recordings at the Centre I should refrain from capturing images of children other than my own. Furthermore, these images should not be shared on any social media forum. Disclaimer: Kohi Learning Centre accepts no liability for misuse of photos/video recordings etc.</p> <p><i>Please respect the parent's choice in regard to privacy surrounding their children while attending the Centre.</i></p>	<p>Yes</p> <p>No</p>
<p>Parent/Guardian Signature: _____ Date: ____/____/____</p>	

Policy Statement
Kohi Learning 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 from indicates that you will abide by the policies of this centre and understand how you can have input to policy review.

Payment of Fees
I _____ will be responsible for payment of fees and all optional charges if applicable and will pay all monies owing by me by the payment due date on the fortnightly invoice. I understand that the centre has the right to exclude children where accounts are in arrears by two months, and recovery costs will be at my expense. This must be signed by the person responsible for paying the account. Parent/Guardian Signature: _____ Date: ____/____/____

◇ Parent Declaration
I, _____ undertake to adhere to the requirements and regulations of Kohi Learning Centre. I am also aware that <i>I must sign my child IN and OUT each day that they attend</i> , which forms the attendance register required by the Ministry of Education. I declare that all the above information is true and correct to the best of my knowledge. Parent/Guardian Signature: _____ Date: ____/____/____

<p>Permission Disclaimer:</p> <p>A) I /we understand under Principle 3 (1) (d) of the Privacy Act 1993 the information I/we provide will be held at the offices of Kohi Learning Centre whose address is Barfoot & Thompson Stadium Cnr of Kapa and Kohimarama Roads, Kohimarama, Auckland.</p> <p>B) I consent to Kohi Learning Centre sending me centre news and updates to the email address I have nominated.</p> <p>I am aware of the rights of access to, and collection of, this information.</p> <p>Signed: _____ Date: _____ (Parent / Guardian)</p>

◇ Service Declaration	Staff Use Only
On behalf of Kohi Learning Centre, I declare that this form has been checked and all relevant sections have been completed. Service Provider Signature: _____ Date: ____/____/____	