



PARENTS / GUARDIANS	
1. Given name:	2. Given name
Surname / family name:	Surname / Family name:
Relationship to child:	Relationship to child:
Address:	Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mob):	Phone (mob):
Occupation:	Occupation:
Email:	Email:
EMERGENCY CONTACTS (also able to pick up child)	
1. Given name:	2. Given name:
Surname / family name:	Surname /family name:
Phone (home):	Phone (home):
Phone (mobile):	Phone (mobile):
Relationship to child:	Relationship to child:
CHILD'S DOCTOR	
Name:	Phone:
Name of medical centre:	
ALLERGIES/MEDICAL CONDITIONS	
Allergies/Medical conditions we should know about:	
Special Dietary Requirements: (please circle if applicable)	
Is your child Vegetarian?	Yes No
Can your child eat Dairy (milk, cheese, yoghurt)?	Yes No
Can your child eat Fish?	Yes No
Can your child eat Eggs? (we only use in baking, no omelets/quiches are served)	Yes No



◇ Email Details

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

Email: _____

Names and ages of siblings – *please email us a family photo or include one with your enrolment to add to your Pepeha.*

Names of People with consent to pick up your 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/s;

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 either GSE or another professional team? **YES / NO**

If Yes, please indicate service and provide a current report.



◇ **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	Total number of hours:
Times Enrolled:						

For 20 Hours ECE fill out boxes below with the hours attested eg: 6 hours

2o Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:

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 Eastern Bays Early Childhood Learning Centre.

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

◇ **Optional charges: NOT APPLICABLE - At this Centre we do not ask parents to pay an optional charge**

◇ **Statutory Holidays / Term Breaks**

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

Eastern Bays Early Childhood 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.



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

IMMUNISATION & MEDICAL DETAILS

Children born from January 1995 are required to give Early Childhood Services a copy of their Immunisation Certificate to show if they are fully immunised or not. The nurse/doctor will sign a certificate when giving the 15 month Immunisations and 4 years Immunisations. If you choose against immunization the certificate can be signed by the nurse/doctor at any time.

When your child starts at Eastern Bays Early Childhood Learning Centre you will be asked to provide a copy of the certificate. The information will be recorded in a register.

The Medical Officer of Health can check the register if there is a threat of disease in your area. Children not immunised may be asked to stay at home until after the disease has gone, to help stop it spreading. The purpose of the certificate is to safeguard the health of New Zealand children

Immunisation	Yes	No
Is your child up to date with Immunisations?		
Have you provided verifications of all Immunisations		
Immunisations record sighted and details recorded: <i>(office use only)</i>		

Medicine

Category (i) Medicines

A Category (i) medicine is a non-prescription preparation 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.

Do you approve the following category (i) medicines to be used on your child?

	Yes	No
• Arnica cream		
• Tea tree oil		
• Saline solution		
• Savlon/Dettol antiseptic liquid		
• Soov cream (anti-itch)		

If required in the case of an emergency I agree to the Centre Manager or Team Leader administering

	Yes	No
• Paracetamol		
• Anti-histamine (Claratyne)		

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

Category (iii) Medicines

Does your child require medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is used for your child only please complete:

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:** ___/___/___

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:** ___/___/___



Required Information for Licensing Purposes	Yes	No
<p>Sunscreen</p> <p>As per our Sun Protection Policy staff will apply sunscreen to the children once a day (around 11.30am) during the warmer months.</p> <p>I agree for the staff at Eastern Bays Early Childhood Centre to apply the centres' sunscreen: Cancer Society Sunscreen for children or Nivea Sun Children's Sunscreen lotion to my child.</p> <p><i>If your child requires a different sunscreen to the above, please provide this as required.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Excursions</p> <p>I give permission for my child to leave the Learning Centre with staff to go into the designated ASB stadium space for use as the children's lunch room during meal times or for other learning experiences.</p> <p>I give permission for my child to leave the Learning Centre with staff on walks around the Stadium, Selwyn College grounds and within a 1 km radius of the Centre.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>Planning/observations</p> <p>I give permission for my child to be observed by the 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>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Photographing/Video Recording</p> <p>I give permission for my child to be videoed / photographed and the photos displayed around the Centre.</p> <p>I give permission for my child to be photographed & included in the Daily Do's. I understand that these are emailed to all participating families at the Centre daily. I acknowledge that some families may choose to forward these emails onto relatives & friends to view.</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.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>Disclaimer: Eastern Bays Early Childhood Learning Centre accepts no liability for misuse of photos/video recordings etc.</p> <p style="text-align: center;"><i>Please respect the parent's choice in regard to privacy surrounding their children while attending the Centre.</i></p> <p>Parent/Guardian Signature: _____ Date: ____/____/____</p>		



Policy Statement

Eastern Bays Early Childhood 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 monthly 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 Eastern Bays Early Childhood Learning Centre. I am also aware that I must sign my child IN and OUT each day that they attend 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:** ___/___/___

Permission Disclaimer:

- 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 Eastern Bays Early Childhood Learning Centre whose address is ASB Stadium Cnr of Kapa and Kohimarama Roads, Kohimarama, Auckland.
- B) I consent to Eastern Bays Early Childhood Learning Centre sending me centre news and updates to the email address I have nominated.

I am aware of the rights of access to, and collection of, this information.

Signed: _____ Date: _____
(Parent / Guardian)

◇ **Service Declaration**

Office Use Only

On behalf of Eastern Bays Early Childhood Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ **Date:** ___/___/___