



Early Childhood Centre

Cnr Ayreshire Drive and Factory Road, Mosgiel

Enrolment Form

Child's **Official given name:**

Child's **Official other names / middle names:**

Name your child is known by / preferred name:

Surname / family name:

Given Names:

Copy of official identity verification document collected by staff:

New Zealand birth certificate

New Zealand passport

Foreign passport

Foreign birth certificate

Other _____

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:

Parents / Guardians:

1. Name:

Address:

Post Code:

Phone (Home):

Place of Work:

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

2. Name:

Address:

Post Code:

Phone (Home):

Place of Work:

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

3. Name

Address:

Post Code:

Phone (Home):

Place of Work:

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

4. Name

Address:

Post Code:

Phone (Home):

Place of Work:

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

Additional person/s who can pick up your child:

| | |
|-------------------------------|-------------------------------|
| Given names: | Given names: |
| Surname / family name: | Surname / family name: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| 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: |
|-------|-------|

Child's 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)

For staff: Immunisation records sighted and details recorded: *Tick One* Yes No

Medicine**Category 1 Medicines**

A category 1 medicine is a non-prescription preparation (such as arnica cream, disinfectant/ antiseptic cream/wash, insect bite treatment, plasters, saline solution, sun screen,) 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 1 medicines to be used on your child? *Tick One* Yes No

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

Wee Nippers is closed for statutory holidays and for a short break over the Christmas period. We do not charge any fees during these times.

Holiday Discount: Providing at least 1 week notice of absence is given, each child is entitled to up to 3 weeks per calendar year of normal weekly booked hours, at a 50% discount of normal fees paid.

☒ 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 | | | | | | 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 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 DeclarationI hereby declare that my child **Is / Is not** enrolled at another early childhood institution at the same times that he/she is enrolled at Wee Nippers Early Childhood centre.

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

☒ Optional Charges:

1. For children enrolled and only paying normal fees, there are no optional charges. For children enrolled and using 20 ECE hours, we ask for an optional charge of up to \$5 a day to cover the costs of providing meals and snacks.

2. I understand that if I agree to pay for the optional charge, Wee Nippers may enforce payment.

3. The agreement to pay the optional charge will last until your child leaves the centre, although you are welcome to review your willingness to pay it in December each year.

4. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

5. I **agree/do not agree** (*select one*) to pay the optional charge for the Meal charges specified in this enrolment agreement form. Sign here to agree to these terms:

Permissions

Please indicate below whether you give permission for your child to:

Attend small local excursions with an adult to child ratio of no more than 1 adult to 4 children

..... Yes No

Have the Public Health nurse visit when she calls Yes No

Be taken to a local doctor or the hospital in the event of an emergency..... Yes No

Be photographed by our centre staff, students and/or other visitors for the purpose of planning, assessment, study, Wee Nippers Facebook page, newsletters, notices or newspaper articles.

..... Yes No

Parent Declaration

In signing this form I hereby :

Agree to pay all fees on the basis of the current Fee Schedule as provided, and agree to pay one week in advance. I understand that my child's place may be forfeited if fees are not kept up to date.

Agree to abide by Wee Nippers Early Childhood Centre Policies as outlined in the Parent Handbook as provided on enrolment

Declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____

Date

___/___/___

Privacy Statement:

We are collecting personal information on this Enrolment Form for the purposes of providing early childhood care and 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.

Service Declaration

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

Service Provider Signature: _____

Date: ___/___/___

Any changes to this form must be signed and dated by the parents/guardians