

Harakeke Early Learning Centre PEPA OHOTATA / ENROLMENT FORM

| Tamaiti/Child's details: | | | | | |
|---|----------------------|-------------------------|----------------------------|-------------|----------|
| Te ingoa o te tamaiti | | | | | |
| Child's official surname or family nan | ne: | | | | |
| Child's official given name: | | | | | |
| Child's official other names / middle (please separate names with a comma | | | | | |
| Name your child is known by / prefer | rred name: | | | | |
| Surname / family name: | | Given name: | | | |
| Copy of official identity verification docu | ıment* collected l | oy staff: | | | |
| ☐ New Zealand birth certificate | | ☐ Foreign birth cer | tificate | | |
| ☐ New Zealand passport | | ☐ Foreign passport | t | | |
| □ Other | | | | Staff i | nitials: |
| Ra Whanau/Child's date of birth: | d / mm / | уууу | Male | | Female |
| Tangatatanga/Child's ethnic origin/s: Iwi your child belongs to:* | | elongs to:* | Language/s spoken at home: | | |
| | | | | | |
| | | | | | |
| *If the child identi | fies as Maori, pleas | se write the name(s) of | their lwi ab | ove. | |
| You may write more tha | | | | | ow" |
| Kainga Noho/Child's primary residential address: | | | | | |
| | | | | | |
| | | | Po | st Coo | de: |
| | | | | | |
| 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: eli.education.govt.nz | | | | | |
| * Information about acceptable identity verification documents is available online at | | | | | |
| eli.education.govt.nz The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service. | | | | | |
| Whanau/Parent/Guardian Signature: | | Date: | / | _/ | |

| Whaanau/Parent/Caregiver Details: | | | | |
|---|--|--|--|--|
| 1. Ingoa/Name: | 2. Ingoa/Name: | | | |
| Wahi kainga/Home Address: | Wahi kainga/Home Address: | | | |
| Post Code: | Post Code: | | | |
| Waea kainga /Phone (Home): | Waea kainga /Phone (Home): | | | |
| Waea mahi /Phone (Work): | Waea mahi /Phone (Work): | | | |
| Waea pukoro/Phone (Mobile): | Waea pukoro/Phone (Mobile): | | | |
| Email: | Email: | | | |
| Invoice sent via e-mail Yes / No | Invoice sent via e-mail Yes / No | | | |
| Use this email for EDUCA Yes / No | Use this email for EDUCA Yes / No | | | |
| Whanaugatanga ki te tamaiti /Relationship to child: | Whanaugatanga ki te tamaiti /Relationship to child: | | | |
| Additional person/s who can pick up your child (We v | vill not allow your child to leave with anyone who is not on this list!) | | | |
| Ingoa/Name: | Ingoa/Name: | | | |
| Wahi kainga/Home Address: | Wahi kainga/Home Address: | | | |
| Post Code: | Post Code: | | | |
| Waea kainga /Phone (Home): | Waea kainga /Phone (Home): | | | |
| Waea mahi /Phone (Work): | Waea mahi /Phone (Work): | | | |
| Waea pukoro/Phone (Mobile): | Waea pukoro/Phone (Mobile): | | | |
| Whanaugatanga ki te tamaiti/Relationship to child: | Whanaugatanga ki te tamaiti/Relationship to child: | | | |
| Ingoa/Name: | Ingoa/Name: | | | |
| Wahi kainga/Home Address: | Wahi kainga/Home Address: | | | |
| Post Code: | Post Code: | | | |
| Waea kainga /Phone (Home): | Waea kainga /Phone (Home): | | | |
| Waea mahi /Phone (Work): | Waea mahi /Phone (Work): | | | |
| Waea pukoro/Phone (Mobile): | Waea pukoro/Phone (Mobile): | | | |
| Whanaugatanga ki te tamaiti/Relationship to child: | Whanaugatanga ki te tamaiti/Relationship to child: | | | |
| Custodial Statement | | | | |
| Are there any custodial arrangements concerning your of | hild? Ae/Yes Kao/No | | | |
| If YES, please give details of any custodial arrangement | s or court orders (a copy of any court order is required) | | | |
| | | | | |
| | | | | |
| For staff: Legal Papers sighted, copied and filed : | Tick One Yes No | | | |
| Person/s who cannot pick up your child (Those persons who are forbidden by law to have access to the child or have access with conditions. We cannot enforce anything if we don't have a copy of legal documents) | | | | |
| Name: | Name: | | | |
| Name: | Name: | | | |

| Additional Emergency Contacts (also able to | p pick up child, someone different from above if possible): | | | | |
|--|---|--|--|--|--|
| Ingoa/Name: | Ingoa/Name: | | | | |
| Wahi kainga/Home Address: | Wahi kainga/Home Address: | | | | |
| Post Code: | Post Code: | | | | |
| Waea kainga /Phone (Home): | Waea kainga /Phone (Home): | | | | |
| Waea mahi /Phone (Work): | Waea mahi /Phone (Work): | | | | |
| Waea pukoro/Phone (Mobile): | Waea pukoro/Phone (Mobile): | | | | |
| Email: | Email: | | | | |
| Whanaugatanga ki te tamaiti/Relationship to child: | Whanaugatanga ki te tamaiti/Relationship to child: | | | | |
| Ingoa/Name: | Ingoa/Name: | | | | |
| Wahi kainga/Home Address: | Wahi kainga/Home Address: | | | | |
| Post Code: | Post Code: | | | | |
| Waea kainga /Phone (Home): | Waea kainga /Phone (Home): | | | | |
| Waea mahi /Phone (Work): | Waea mahi /Phone (Work): | | | | |
| Waea pukoro/Phone (Mobile): | Waea pukoro/Phone (Mobile): | | | | |
| Email: | Email: | | | | |
| Whanaugatanga ki te tamaiti/Relationship to child: | Whanaugatanga ki te tamaiti/Relationship to child: | | | | |
| | | | | | |
| Takuta/Child's doctor: | | | | | |
| Ingoa/Name: | Nama waea/Phone: | | | | |
| Ingoa mahi/Name of medical centre: | | | | | |
| Ha alda | | | | | |
| Health | | | | | |
| Please detail any medical information regarding your child (If you child is on regular medication to be given at the cen | • | | | | |
| Please detail any allergies or food intolerances and what re | eaction your child may have: | | | | |
| Has your child been vaccinated? | Tick One Yes No | | | | |
| , | | | | | |
| 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 r | ecorded: Tick One Yes No | | | | |
| Whanau/Parent/Guardian Signature: | / Date:// | | | | |

| 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 | Bonjela | | | | |
| Talcum Powder | · | | | | |
| - Talcum Powder | Sunscreen | | | | |
| Whanau/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. | | | | | |
| Whanau/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 take | en: 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) | | | | | |
| | | | | | |
| Whanau/Parent/Guardian Signature: | / Date:// | | | | |

| Enrolment Details: | | | | | | |
|---|--|----------------------|---|----------------------------|--|------------------------|
| How did you hear about Harakeke Early Learning Centre? | | | | | | |
| Is your child enroll | ed at any other ear | ly childhood service | ? If so, which servi | ce and what days a | nd times are they e | enrolled? |
| Which centre will y | our child be starting | g in? | | | | |
| | Rito y Centre 2 year olds | Too | Korari ddler Centre 3 ½ year olds | | Korimako Young Children 3 ½ – 4 year old | |
| Date of Enrolment:_ | // | Date of Entry: | / | Date of E | Exit:/ | _ |
| Nga ra me nga | a haora noho / | Attendance Ho | urs | | | |
| Days Enrolled: | Rahina/ Monday | Raatu/ Tuesday | Raapa/ Wednesday | Rapare/ Thursday | Ramere/ Friday | Total number of hours: |
| Times Enrolled: | | | | | | |
| | Hours ECE is for up ceiving 20 Hours EC | | day, up to 20 hours | s per week and ther | re must be no con | npulsory fees |
| 20 Hours ECE | : Fill out boxes b | elow with the hou | rs attested e.g. 6 h | ours | | |
| 20 Hours ECE at this service | | | | | | Total number of hours: |
| 20 Hours ECE at another service | | | | | | Total number of hours: |
| Whanau/Parent/Guardian Signature: | | | | | | |
| ♦ 20 Hours F | CE Attestation | n· | | | | |
| • | | | six hours per day | 20 hours per wee | ak at this service |) |
| 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 Hou | rs ECE at any oth | ner services? | Tick One | Yes No | |
| If yes to either or | both of the abov | e, please sign to | confirm that: | | | |
| Your child does not receive more than 20 hours of 20 Hours ECE per week across all services. | | | | | | |
| Your 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. | | | | | | |
| Whanaau/Parent/0 | Guardian Signature | : | | Date:/ | / | |

| Term Breaks | | |
|--|----------------|-------------|
| This enrolment agreement is inclusive/exclusive of school term breaks. Unless I choose to withdraw my chil payable for any day my child is enrolled. | d's enrolmen | t, fees are |
| Whanaau/ 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 Harakeke Early Learning Centre. | e/she is enrol | lled at |
| Whanaau/ Parent/Guardian Signature: Date:// | | |
| Please read the following statements carefully and circle your response | | |
| I give permission for my child to be photographed for the purposes of assessment, planning & evaluation | Ae/Yes | Kao/No |
| I give permission for my child to be photographed for the purposes of advertising | Ae/Yes | Kao/No |
| I give permission for my child to go on spontaneous outings not involving transport, e.g. walk to local Park | Ae/Yes | Kao/No |
| I give permission for my child to take part in regular excursions (under the conditions stated in the excursions policy) | Ae/Yes | Kao/No |
| agree for my child to be taken to the local doctor in the case of an emergency. | Ae/Yes | Kao/No |
| I give permission for my child to be observed and recorded for us by supervisors and staff in Programme Planning and child profiles. | Ae/Yes | Kao/No |
| I give permission for my child's detailed to be loaded into an online secure profile in EDUCA | Ae/Yes | Kao/No |
| I give permission for my child to have hearing and vision checks | Ae/Yes | Kao/No |
| I have completed and handed in my Automatic Payment form to my bank (Provide before starting) | Ae/Yes | Kao/No |
| I have provided a copy of my Childs birth certificate and latest immunisation certificate (Provide before starting) | Ae/Yes | Kao/No |
| I have read and understand that I must give TWO WEEKS notice if my child is leaving the centre or I will be charged for the extra two weeks. | Ae/Yes | Kao/No |
| I agree to all WINZ responsibilities and that I pay in full any amounts not paid by them for this service. | Ae/Yes | Kao/No |
| I understand that overdue accounts may be sent to a debt collector and I will be responsible to pay for debt collection fees | Ae/Yes | Kao/No |
| I will pay my account Weekly / Fortnightly / Monthly | | |
| Other Information | | |
| Policies: Harakeke Early Learning Centre has a number of policies that set out the procedures that are in pla education of the children who attend. We strongly urge you to read these. The signing of this enrolment agree you will abide by the policies of this service, and understand how you can have input to policy review. | | |
| Parent Information Book: Please ensure you have read the information in the Enrolment and General Inform covers such things as fee details, subsidies that are available to you and ways in which we can help you and service. | | |
| Privacy Statement: All personal information on your child will be kept securely and remain confidential. | | |
| Parent Declaration | | |
| I declare that all the above information is true and correct to the best of my knowledge | | |
| Whanau/ Parent/Guardian Signature:/ Date:// | | |
| Service Declaration | | |
| On behalf of Harakeke Early Learning Centre, I declare that this form has been checked and all relevant secti completed. | ons have bee | en |

Date: _

Service Provider Signature: _