



Harakeke Early Learning Centre PEPA OHOTATA / ENROLMENT FORM

Tamaiti/Child's details:			
Te ingoa o te tamaiti			
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:	
Copy of official identity verification document* collected by staff:			
<input type="checkbox"/> New Zealand birth certificate		<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport		<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____		Staff initials: _____	
Ra Whanau/Child's date of birth: d d / m m / y y y y		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Tangatanga/Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: * _____ _____ _____	Language/s spoken at home: _____ _____ _____	
<i>*If the child identifies as Maori, please write the name(s) of their Iwi above. You may write more than one Iwi, if you do not know the Iwi, please write "Don't Know"</i>			
Kainga Noho/Child's primary residential address: _____ _____			
Post Code: _____			

Privacy Statement:	
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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.</p> <p>You can find more information about national student numbers at: eli.education.govt.nz</p>	
<p>* Information about acceptable identity verification documents is available online at eli.education.govt.nz</p> <p>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p>	
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 will 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 child?	Ae/Yes Kao/No
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
For staff: Legal Papers sighted, copied and filed :	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Person/s who <u>cannot</u> 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 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:	

Health	
Please detail any medical information regarding your child (i.e. Asthma, eczema): (If you child is on regular medication to be given at the centre, you will need to fill out a medication form)	

Please detail any allergies or food intolerances and what reaction your child may have:	

Has your child been vaccinated?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
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 | ▪ 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 taken: *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 enrolled at any other early childhood service? If so, which service and what days and times are they enrolled?

Which centre will your child be starting in?

Te Rito
Baby Centre
0 – 2 year olds**Te Korari**
Toddler Centre
2 – 3 ½ year olds**Korimako**
Young Children's Centre
3 ½ – 4 year olds

Date of Enrolment: ___/___/___

Date of Entry: ___/___/___

Date of Exit: ___/___/___

Nga ra me nga haora noho / Attendance Hours

Days Enrolled:	Rahina/ Monday	Raatu/ Tuesday	Raapa/ Wednesday	Rapare/ Thursday	Ramere/ Friday	Total number of hours:
Times Enrolled:						

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.**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:

Whanau/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.

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

