



# CITY IMPACT CHURCH

## ENROLMENT AGREEMENT FORM

MOUNT WELLINGTON

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:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

Staff initials: \_\_\_\_\_

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: _____ _____ _____
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Child's primary residential address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

### 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: [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents)

### For Office Use Only

Identity record copied and held with enrolment: Signature: \_\_\_\_\_

Immunisation record copied and held with enrolment: Signature: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Exit: \_\_\_\_\_



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Parents / Guardians:

1 Given Name:
Surname / family name:
Address:
Post code:
Phone (Home):
Phone (Work):
Phone (Mobile):
Email:
Relationship to child:

2 Given Name:
Surname / family name:
Address:
Post code:
Phone (Home):
Phone (Work):
Phone (Mobile):
Email:
Relationship to child:

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):
Name of person/s who CANNOT pick up your child:
Name: Name:
Name: Name:

Additional Emergency Contacts (other than contacts listed above)

1 Given Name:
Surname / family name:
Address:
Post code:
Phone:
Phone:
Phone:
Email:

2 Given Name:
Surname / family name:
Address:
Post code:
Phone:
Phone:
Phone:
Email:

3 Given Name:
Surname / family name:
Address:
Post code:
Phone:
Phone:
Phone:
Email:

4 Given Name:
Surname / family name:
Address:
Post code:
Phone:
Phone:
Phone:
Email:



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### Child's doctor:

Name and contact details of medical centre: \_\_\_\_\_  
 \_\_\_\_\_

### 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. City Impact ECE category (i) preparations used are Arnica Cream, Antiseptic spray/wipes.

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:

• \_\_\_\_\_ • \_\_\_\_\_  
 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.

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): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 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



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<b>Enrolment Details:</b>		<b>Date of enrolment:</b> ___/___/___				
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.						
<b>CITY IMPACT CHURCH ECE CENTRES ARE NOT OPEN ON NZ STATUTORY/PUBLIC HOLIDAYS</b>						
ALL DAY						
Minimum of 7 Hours per day (inclusive of School Term Break) Requested Start Date: ___/___/___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
All Day Start						
All Day Finish						
8:30am – 3:30pm						

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
20 Hours ECE at this service						
20 Hours ECE at another service						

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 Declaration:**

I hereby declare that my child is/is not enrolled at another early childhood institution at the same times that he/she is enrolled at City Impact Church ECE.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Any changes to this form must be signed and dated by both the parent/caregiver and City Impact Church Child Care MW.



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### Required Information for Licensing Purposes:

- Excursions: I give permission for my child to take part in regular excursions within the church site, having read and agreed with the excursions procedures outlined in the Excursions Policy.  
Tick One: Yes  No
- Photo/Video/Multimedia:  
I give permission for my child to be photographed for the purposes of assessment, planning and evaluation inclusive of individual and group learning stories and centre wide planning displays.  
Tick One: Yes  No
- I give permission for my child to be photographed and filmed for the purposes of ECE and church community multimedia production inclusive of public forums such as the CIC ECE website/parent portal/newsletters.  
Tick One: Yes  No

### Conditions of Enrolment:

- City Impact ECE Centres have a unique Christian Philosophy which we commit to ensuring is upheld.
- City Impact Church ECE 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, we especially draw your attention to our Supervision of Sleeping Children and Travel/Excursion Policy. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.
- We accept responsibility for the payment of all fees and at times the fee payments will be up to date. Where fees remain unpaid and no arrangement has been made between us and the Centre as to the payments we agree to abide by the ECEs financial policy which is available in our enrolment pack
- We acknowledge that we will inform the City Impact Church ECE Centre two weeks in advance in writing if we wish to withdraw our child. Failure to do so will require us to pay two weeks fees for each child in lieu

### Parent Declaration:

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Service Declaration:

On behalf of City Impact Church Childcare – Mount Wellington, I declare that this form has been checked and all relevant sections have been completed.

ECE Service signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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**Change of Days/Times of Enrolment:** \_\_\_\_\_ Effective Date of Change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Days Enrolled:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Times Enrolled:						Total:
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

**Change of Days/Times of Enrolment:** \_\_\_\_\_ Effective Date of Change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Days Enrolled:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Total
Times Enrolled:						Total:
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

**Change of Days/Times of Enrolment:** \_\_\_\_\_ Effective Date of Change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Days Enrolled:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Total
Times Enrolled:						Total:
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_