



CHILDCARE

Enrolment Agreement Form

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: _____ _____ _____ |
|---|---|---|

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

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 (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Relationship to child: _____

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

3. Given Name: _____
Surname / family name: _____
Address: _____
_____ Post code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Relationship to child: _____

4. Given Name: _____
Surname / family name: _____
Address: _____
_____ Post code: _____
Phone (Home): _____
Phone (Work): _____
Phone (Mobile): _____
Relationship to child: _____



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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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Enrolment Details: **Date of enrolment:** ___/___/___

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.
CITY IMPACT CHURCH ECE CENTRES ARE NOT OPEN ON NZ STATUTORY/PUBLIC HOLIDAYS

ALL DAY
Minimum of 7 hours per day (inclusive of School Term Break) Requested Start Date: ___/___/___

| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6:45am - 5:30pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8am - 12pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1pm - 5pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9am - 3pm (3 & 4 year olds 20 hours ECE only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8:30am - 3:30pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 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: ___/___/___



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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.
- 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.
- You accept responsibility for the payment of all fees. Where fees remain unpaid and no arrangement has been made between you and the Centre as to the payments you agree to abide by the ECEs financial policy which is available in our enrolment pack.
- You acknowledge that you will inform the City Impact Church ECE Centre four weeks in advance in writing if you wish to withdraw your child. Failure to do so will require you to pay four 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 – Balclutha, I declare that this form has been checked and all relevant sections have been completed.

ECE Service signature: _____ Date: ____ / ____ / ____