



## Enrolment Agreement Form (Updated 2015)

### Child's details:

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

\* Information about acceptable identity verification documents is available online at [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).

**The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.**

<b>Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who cannot pick up your child:</b>	
Name:	Name:
Name:	Name:

Any changes to this form **must** be signed and dated by the parent/guardian.

<b>Additional Emergency Contacts (also able to pick up child):</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

<b>Child's doctor:</b>	
Name:	Phone:
Name of medical centre:	

<b>Health</b>	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Medicine</b>	
<b>Category (i) Medicines</b>	
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? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service</b> :	
▪ Arnica Cream	▪ Health E Antiseptic Liquid Spray and/or cream
▪ Betadine Antiseptic Ointment	▪ Optrex Eye wash
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>Category (ii) Medicines</b>	
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: ____ / ____ / ____

<b>Category (iii) Medicines</b>	
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.	
<b>For staff:</b> Individual health plan sighted and a copy taken: <i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: ____ / ____ / ____

Any changes to this form **must** be signed and dated by the parent/guardian.

### 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 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 Molly's Preschool.

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

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

Any changes to this form **must** be signed and dated by the parent/guardian.

## Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Molly's Preschool is closed on the following public holidays if they fall on a weekday.

New Year's Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Waitangi Day	<input type="checkbox"/>	Queen's Birthday	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Labour Day	<input type="checkbox"/>		

## Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy) – Nil planned at this stage.
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation. Photo's will be used in each child's individual portfolio, as well as in the centre planning process. Photos will be used for display purposes only. Included with this enrolment form (schedule 1) is a face-book/website permission slip to authorise photos of your child on the internet.

## Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Molly's Preschool 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. 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.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.
- **Transitional School Visits:** Information on transition arrangements.
- **Correspondence School Enrolment:** Details of enrolment agreement.

## 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 Molly's Preschool, 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 parent/guardian.

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Any changes to this form **must** be signed and dated by the parent/guardian.

## Molly's Preschool Daily Routine

This programme is flexible to fit in with the needs of the children. Molly's Preschool (for two – five years) offers free choice throughout the day, with a variety of learning experiences inside and outside based on children's interests and abilities.

- 7:00am – Molly's Preschool opens
- 7:00am – Greet children, parents, whanau and staff as they arrive/Children who have brought breakfast will be supervised whilst eating
- 8:00am – Free choice settling activities e.g. play dough, blocks, puzzles, reading etc (story time)
- 9:15am – Free play outside activities
- 10:00am – Mat time
- 10:15am – Rolling morning tea
  - Toileting and nappies as required
- 10:30am – Free choice from a variety of learning experiences inside based on children's interests and abilities
  - Group time (group of 10) (Transition to school session for 4 year olds 30mins)
- 11:15am – Free play outside activities
- 11:45am – Mat time
- 12:15pm – Lunchtime (departure and arrival of sessional children)
- 1:00pm – Free play outside activities
- 1:45pm – Mat time
- 2:15pm – Free choice from a variety of learning experiences inside based on children's interests and abilities
  - Small group time (group of 10) (Transition to school session for 4 year olds 30mins)
- 3:00pm – Rolling afternoon tea
  - Toileting and nappies as required
- 3:15pm – Free play outside activities
- 3:45pm – Mat time
- 4:15pm – Free play with a variety of learning experiences inside and outside based on children's interests and abilities
- 5:15pm – Quiet inside activities and prepare for home
- 6:00pm – Molly's Preschool closes

Any changes to this form **must** be signed and dated by the parent/guardian.



**Schedule 1**  
**Molly's Preschool 2015 Ltd**

**Facebook/Molly's Preschool website permission**

I give permission for photographs/videos of my child to be published on Molly's Preschool Facebook and/or Website page.

I understand this site is a forum to keep Molly's Preschool parents/caregivers informed and up to date with any events that are happening at Preschool.

I am aware that Kelly-anne Browne (Office Manager) and the Head Teacher are the only two operators of this site and therefore are the only people who can publish photos/videos.

I understand that I can withdraw my permission at any time.

Name of Child:.....

Signed:.....

Parent/guardian

Date .....

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Withdrawal of permission

Date .....

Signed .....

Parent/guardian

# All about me

My Family/Whanau

My Pets

I like to .....

I am good at.....

I may need some help  
with...

My culture