



"High quality, Full Day Early Childhood Care and Education"

28 Herald Street, Berhampore WELLINGTON T: 04 389 2125 F: 04 389 2127 E: tepunanga@gmail.com

Te Punanga O Te Reo

Kuki Airani Inc

Childcare Centre

Child's details: *Please ensure that you sign all required parts of this form – Thank you*

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:

Surname / family name:

Given name:

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:

Copy of official identity verification document*

OFFICE TO SITE

Copy of official identity verification document* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

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

Parents / Guardians: During work hours who should we contact primarily?

1. First Name/s:	2. First names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

*Please select the email address where you would like to receive newsletter and correspondence from the centre

Emergency Contacts:

First name:	First Name:
Surname:	Surname:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

Enrolment Details: (Please Sign)

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Days Enrolled (Circle):	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:

Please note the next section is for children 3 and 4 years only: 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.

For 20 Hours ECE fill out the 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: (Please sign if applicable – child must be 3 or 4 years of age)

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: ____/____/____

Optional Charges:

Optional Charge; is a request for a payment for specific additional features above Ministry of Education (MOE) regulations, or items you could provide for your child. Te Punanga O Te Reo Kuki Airani currently do not charge for optional charges at the centre as we are community based and feel the need to provide quality education whilst support our community and whanau.

◆ Statutory Holidays / Term BreaksThis enrolment agreement is **inclusive** of school term breaks.

Te Punanga O Te Reo Kuki Airani is not open on the following public holidays

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"/>		

Bank Account Details:**TE PUNANGA O TE REO KUKI AIRANI****02 1269 0020412 000**

Fees are to be paid by automatic payment on the first day of your Child's attendance each week or fortnight. Please create an automatic payment online or request a bank payment form from the administrator. Your set weekly fee is to be paid regardless of illness, family vacation or statutory holidays.

Total Weekly Cost: \$ _____

Dual Enrolment Declaration

I hereby declare that my child **is not** enrolled at another early childhood institution at the same times that he/she is enrolled at Te Punanga O Te Reo Kuki Airani Childcare Centre.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Health and Medicine: *(Please Sign)*

Name of Doctor:

Clinic:

Contact Phone Number:

Address:

Immunisation and allergies:

Is your child up-to-date with immunisations? *Tick One* Yes No

(Please provide verification of all immunisations)

Centre provided 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:**

- | | |
|----------------|-------------------------|
| ▪ Sun Block | ▪ Insect Bite Treatment |
| ▪ Arnica Cream | ▪ Organic Coconut Oil |

If permission is given to the following category (i) medicines will be used on your child, **provided by you:**

- | | |
|---------------------------|-----------------|
| ▪ Non-prescription creams | ▪ Talcum powder |
|---------------------------|-----------------|

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Medicine provided from home - 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: ____ / ____ / ____

Ongoing illness - Category (iii) Medicines *(Please Sign)*

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)

Please advise the centre if specific training is required to administer your child's medication.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Excursions

Do we have permission to take your child out of the centre on short local outings/walks?

Tick One: Yes No

Ratio will be in accordance with ECE regulations and will not exceed 1 adult: 4 children under 2 years and 1:8 children over 2 years.

All other outings will require signed parent permission and a ratio will be selected according to the planned events.

Photo & Video Permission

Do we have permission to take pictures/video of your child for the purpose of assessment, planning, and evaluation?

Tick One: Yes No

Do we have permission to take pictures/video to be used in publications, for presentation and training purposes and for occasional advertising?

Tick One: Yes No

Facebook consent

Do we have permission for photos and video images of your child to be published on our public centre Facebook page? The purpose of this site is to share daily or weekly happenings with you and your whanau, beautiful images of our learning programme in action, share up-coming events in the community

Tick One: Yes No

Additional Information

- We require parents to sign the register each day that their child attends.
- Please ensure you have read the information provided in the parent information pack as it outlines fee details, subsidies that are available to you and ways in which we can help you and your child settle in to the centre.
- Te Punanga O Te Reo Kuki Airani Childcare Centre 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.

Custodial Statement	
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)	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

Parent Declaration <i>(Please Sign)</i>	
I declare that all the above information is true and correct to the best of my knowledge	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____
Service Declaration <i>(Please Sign)</i>	
On behalf of Te Punanga O Te Reo Kuki Airani Inc I declare that this form has been checked and all relevant sections have been completed.	

Welcome to Te Punanga o Te Reo Kuki
Airani 😊