

# Bishopdale Community Preschool Enrolment Agreement

This form includes Enrolment Information, **20 Hours ECE** Enrolment Hours and Attestation Information for children enrolled at Bishopdale Community Preschool

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

## 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:          /       /            

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>Additional person/s who can pick up your child:</b> <i>Please note no person under 17 years old can collect your child/ren.</i>	
<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 <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:
<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:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
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"/>

Medicine	
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.	
<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: ____ / ____ / ____

Enrolment Details:						
Date of Enrolment: ___/___/___    Date of Entry: ___/___/___    Date of Exit: ___/___/___						
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> 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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>	
Parent/Guardian Signature: _____ Date: ___/___/___	

Dual Enrolment Declaration
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at Bishopdale Community Preschool.
Parent/Guardian Signature: _____ Date: ___/___/___

**Statutory Holidays / Term Breaks**

This enrolment agreement is **inclusive** of school term breaks, we are closed for all public holidays that fall on a weekday and for 2 weeks over the Christmas period.

**Declarations Required for Licensing Purposes:**

- **Excursions:** I give my permission for my child to be taken on excursions under the conditions stated in the centre’s excursions policy with a teacher:child ratio of 1:8      Y / N
- I give my permission for my child to be videoed or photographed while at the centre for the purposes of assessment, planning and evaluation, and I have read and signed the publishing consent form below.
- Y / N
- I understand that I will be charged for the care and education of my child and I agree to pay any fees in accordance with the Preschool’s current charges. I agree that in the event of outstanding fees, the centre will use a debt collecting agency and I will pay all costs incurred by the agency.    Y / N
- **Policy Statement:** Bishopdale Community 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 Booklet:** Please ensure you have read the information in the parent information booklet 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. I have read the information booklet and agree to adhere to the policies outlined in this booklet    Y / N
- **B4 School Child Wellness Check:** Bishopdale Community Preschool works with the Ministry of Health as part of their health check for all 4 year old children, every child will be tested at preschool for hearing and vision and our teachers will complete their observational strengths and difficulties assessment form.
- **Child’s strengths, interests and preferences:** Please tell us about your child’s strengths, interests and preferences. It is also important that we know what your goals and aspirations are for your child so we can work together to achieve these; please take some time to share these here:  
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**Parental Consent to Publish Children’s Work, Video or Photographs in Hardcopy or Online**

*Please read this section carefully as it includes information about safety and security issues associated with privacy.*

Bishopdale Community Preschool is a community based preschool and in the interest of safety and security requires parent permission for the publishing of children’s work or photographs on our centre website, in our newsletters (which are handed out or emailed only) and possibly in local newspapers.

We believe it is important to celebrate children’s achievement, but are aware of the potential risks when such personal information or material is published on a global information system such as the internet.

If given permission we will only share your child’s first name and/or photograph or video via the newsletter, or on our centre website.

Occasionally a DVD/CD may be sent home with one of our students containing photos or video of children at play, we require you to consent to this form of publishing and confirm that in the event that your child brings such material home the information will not be shared, duplicated or uploaded to the internet. It is for your family viewing only.

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I declare that I have read all the information above and give / do not give my permission for the service to use my child’s image or work in the ways described.

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

**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 Bishopdale Community Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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	
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	
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: ____ / ____ / ____						

