



Enrolment Agreement Form

◆ 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:

Child's Identification:

Children may be enrolled into the service even if a parent/caregiver cannot provide identity documentation.

It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which document you sighted.

Official identity verification document/s sighted 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:

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

◆ Privacy Statement:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and to allow
- the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at

[National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at:

[National Student Numbers \(NSN\) – Education in New Zealand](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

◆ Parents / Guardians:

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
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:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
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:

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

Emergency Contacts / Additional Person/s Who Can Pick Up Your Child:	
Given Names:	Given Names:
Surname / Family Name:	Surname / Family Name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to Child:	Relationship to Child:

◆ 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:

◆ Child's Doctor:	
Name:	Phone:
Name of medical centre:	

◆ Health					
Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have additional needs? (If yes, please see additional needs form)	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have food intolerances /allergies? (If yes, please see allergy form)	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a long-term illness? (If yes, please see long term illness form)	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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◆ Medicine	
Centre Medicines	
Centre 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.	
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, provided by service:	
<ul style="list-style-type: none"> ▪ NZ Approved SPF 50 Sunblock 	<ul style="list-style-type: none"> ▪ Weleda Arnica
<ul style="list-style-type: none"> ▪ Weleda Hypercal Healing Cream and Weleda Burns, bites & Cooling Gel 	<ul style="list-style-type: none"> • Sudocrem or Bepanthen
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

Category (i) Medicines	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as weleda teething powder, 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 (ii) 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 explained in depth to primary caregiver / key teacher and a copy taken to be filed with enrolment form. <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 specific time or symptoms) _____	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

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◆ 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. A full day consists of a minimum of 8 hours.

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:

- 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"/>
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- Is your child receiving 20 Hours ECE at any other services?

<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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: ____ / ____ / ____

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

◆ Dual Enrolment Declaration

I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same time that he/she is enrolled at BCP.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Optional Charges:

1. The optional charge is for: 20 hr ECE Subsidy Charge Agreement (*Please see Appendix 3*)

- .75c per hour for every hour of the 20hr ECE subsidy

2. I understand that if I agree to pay for the optional charge, Bishopdale Community Preschool will invoice me each week and I am agreeing to pay this invoice weekly.

3. The agreement to pay the optional charge will be reviewed annually at the end of each financial year (during the month of April).

4. The rules about making changes to the agreement are:

- to be in writing two weeks before change applied.

5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks unless the centre is closed.

Required Information for Licensing Purposes

- Excursions: **I give my permission** for my child to leave the grounds of Bishopdale Community Preschool in the company of staff on walking excursions as part of the BCP Early Learning programme at a ratio of 1:3 for infants and toddlers room and 1:6 for over two-year olds. Ratios will be maintained at MOE levels at Co Star premises for any remaining children.
- INITIALS:

- Please note a separate permission slip will be sent home for excursions outside of one block of BCP and signed permission will be required on this occasion. Ratios will be maintained at Ministry of Education levels at BCP premises for any remaining children.
- INITIALS:

- I give my permission** for my child's photographs to be used for BCP promotional and advertising mediums such as the Bishopdale Community Preschool website and social media.
- INITIALS:

- We use a Private BCP Facebook page to keep whānau up to date with notices, reminders and posts lots of photos of our tamariki. Access to this page is restricted and only current enrolled whānau have access. **I give my permission** for my child's photographs to be posted on **BCP's Private Facebook page**.
- INITIALS:

- I give permission** for my child's photographs to be used on wall displays, learning journals (my own child's and group photos shared in other children's journals) and our termly BCP Broadcast.
- INITIALS:

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- I give permission** to e-mail letters, financial statements and send text messages when appropriate.
- INITIALS:

- I give Bishopdale Community Preschool permission** to take my child for transition to school visits as they near their fifth birthday.
- INITIALS:

Parent's Signature:.....
 (If **Not** in agreement, please state which permission you don't agree with)

- **Policy Statement: BCP** has a number of policies that set out the procedures in place for the care and education of 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 whānau information book 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. A copy is available on our website.

◆ 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	Wednes day	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: ____/____/____

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