

◆ 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:

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 licencing.

*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](#)

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:

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):

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

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:
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Name:	Name:
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Additional Emergency Contacts (also able to pick up child):
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1. Given names:	2. Given names:
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Surname / family name:	Surname / family name:
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Address:	Address:
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Post Code:	Post Code:
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Phone (Home):	Phone (Home):
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Phone (Work):	Phone (Work):
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Phone (Mobile):	Phone (Mobile):
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Email:	Email:
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3. Given names:	4. Given names:
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Surname / family name:	Surname / family name:
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Address:	Address:
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Post Code:	Post Code:
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Phone (Home):	Phone (Home):
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Phone (Work):	Phone (Work):
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Phone (Mobile):	Phone (Mobile):
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Email:	Email:
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Child's doctor:

Name:	Phone:
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Name of medical centre:

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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)			
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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?	<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:			
▪ Sunscreen		▪	
▪ Arnica		▪	
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: ____ / ____ / ____

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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 <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: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks
This enrolment agreement is inclusive of mid-year school term breaks. Fingerprints Christian Preschool is closed for approximately three weeks over the Christmas term break. No fees are payable over this three week break. Parents will be notified of the exact dates no later than July of each year. Fingerprints Christian Preschool is closed for all New Zealand statutory holidays during the school year. If your child is enrolled to attend for a Statutory Holiday full fees will be payable.

Conditions of Enrolment
I acknowledge that acceptance of enrolment of my child at this service is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. Management reserves the right to terminate enrolment or vary the conditions or times of enrolment.
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ 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.														
<table border="1"> <tr> <td>Days Enrolled:</td> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td></td> </tr> <tr> <td>Times Enrolled:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Total hours:</td> </tr> </table>	Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday		Times Enrolled:						Total hours:
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Times Enrolled:						Total hours:								
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours														
<table border="1"> <tr> <td>20 Hours ECE at this service</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Total hours:</td> </tr> <tr> <td>20 Hours ECE at another service</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Total hours:</td> </tr> </table>	20 Hours ECE at this service						Total hours:	20 Hours ECE at another service						Total 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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◆ 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?
One

Tick 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 [insert name of service].

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

Fees

- In signing this enrolment form I agree to pay the fees on the basis of the fee schedule that is current at the time and I will pay, in advance, in accordance with the Fees Policy of the Centre.
- I acknowledge and agree that Fingerprints reserves the right to change fees. I understand at least two weeks' notice of any increase in fees will be given.
- I acknowledge and agree to pay the appropriate fee for an enrolled day even if unable to attend.
- I accept the "late pickup fee" for each 5 minutes (or part thereof) late after my child's session closing time.
- I agree to give two week's written notice of intent to withdraw my child from the Centre and to pay the associated fees regardless of whether or not my child attends.
- I understand there is a charge for any and all absences and for statutory holidays during the year (except for the statutory holidays falling within the three week Christmas break for which no fees are payable).
- I agree to pay additional charges, outlined in the Fees Policy, should my child be absent for prolonged periods of more than 3 weeks.
- I agree to pay additional charges, outlined in the Fees Policy, should my child establish a pattern of frequent absence over three months and as a result the MOE payment for my child is reduced.
- I agree to pay fees by automatic payment.
- I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published policies and fee rates.
- I understand and accept that irrespective of any arrangement with any third party (eg other adult, Work and Income Support Services, Accident Insurance, Trusts or Budget Services, etc) to pay the fees and that the full responsibility to pay remains with me.
- I understand and accept that if any fee or charge remains unpaid, my child's enrolment may be forfeited, the debt passed to a Debt Collection Agency, and I will be responsible for any costs incurred in this process.
- I understand and accept that my child may be excluded from attending if I fail to pay fees in accordance with the Centre Policy and will continue to be excluded until such time as fees are brought up to date. Full charges for days excluded will be charged and I agree to pay these.

Parent/Guardian Signature: _____

Date: ____/____/____

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

Authorisations – Each is to be circled and initialled separately to indicate agreement.

- I understand I will be required to give written consent for any planned excursion YES NO
- I give permission for my child to be taken by staff on regular walks within 500m of the centre (Under the conditions stated in the Excursions Policy, Ratio 1:6/ 2:20) Destinations Hillview School or New World St Martins YES NO
- I give permission for my child to be videoed or photographed while in the centre or on an excursion, for the purposes of planning, evaluation and assessment by the teaching staff or student teachers (for use in their assignments) YES NO
- I give permission for photos or videos of my child, taken in the centre or whilst on an excursion, to be included on a privately shared web page and have been informed of the ICT policy YES NO
- I agree with the terms outlined in in the ICT/CYBER SAFETY-RULES AND RESPONSIBILITIES leaflet (found in enrolment pack) YES NO
- I give permission for my child to be a part of vision and hearing tests conducted by a CDHB vision and hearing technician. YES NO
- I authorise and accept responsibility for Fingerprints Christian Preschool to seek medical or other advice as the centre deems necessary for my child's best interest including obtaining treatment for my child in any emergency situation. YES NO
- I give permission for staff to apply sunscreen to my child for outside play. YES NO
- I give permission for staff to apply Arnica cream as per manufacturer's instructions (Category (i) medication) YES NO
- As per **Food/Reduce Choking/Nutrition Policy**, I acknowledge that I am responsible for deciding what my child is capable of eating in their own lunch box. Therefore, all food must be prepared, ready to eat. The centre will not cut or prepare fruit etc. YES NO
- I give permission for my child to be offered Rice Crackers (plain,soft) and/or Wine Biscuits should my child need more food during their booked hours. YES NO
- I acknowledge that on occasion when party food is brought in by whanau for birthday celebrations that I will be notified (type of food and ingredients) and asked for permission for my child to be offered the contributed food. YES NO
- I have carefully read and confirm my acceptance of the conditions in the Parent Handbook, which I have received. YES NO

Policy Statement: Fingerprints Christian Preschool has a number of policies setting the procedures that are 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 you will abide by these policies and you understand how you can have input into 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.

Next page for Parent Declaration>>

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

◆ 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 Fingerprints Christian Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

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