

# Elm Tree

## Child Enrolment Form



APT #	NSN#
-------	------

CHILD'S DETAILS			
<b>1. Preferred Names</b>			
Given Name	Surname		
Middle/Other Names	Gender (circle one) Male Female Other		
<b>2. Official Names. Only required if different to preferred names</b>			
Given Name	Surname		
Middle/Other Names			
<b>3. Identity Verification. Type of verification document attached (tick one)</b>			
<input type="checkbox"/> NZ Birth Certificate	<input type="checkbox"/> NZ Passport	<input type="checkbox"/> Foreign Birth Certificate	<input type="checkbox"/> Foreign Passport
<b>4. Primary Residential Address</b>			
Street:			
Suburb:			
City:	Post Code:		
<b>5. Ethnic Origins/ Language</b>			
Ethnic Origin:	Iwi your child belongs to:		
Language/s spoken at home:			
<b>6. Dates</b>			
Child's date of Birth:	Date of Enrolment:		
Start Date:	Finish Date:		

ENROLMENT DETAILS						
<b>1. Days and Time enrolled</b>						
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Times Enrolled						
<b>2. Attested hours for 20 ECE. E.g. 6 hours Please Note: 20 hours ECE can be used up to six hours per day and a maximum of twenty hours per week.</b>						
20 Hours ECE at Elm Tree						
20 Hours ECE at another service						
<hr/> Parent/Guardian Signature : <span style="float: right;">Date:</span>						



<b>CHILD'S HEALTH</b>			
<b>1. Child's Doctor</b>			
Name:		Medical Centre Name:	
Phone number:			
Address:			
Street:			
Suburb:		City:	Post Code:
<b>2. Health</b>			
Does your child have any allergies		Yes	No
If answered <b>yes</b> , please specify:			
Is your child up to date with immunisation (please provide verification)		Yes	No
Please remember to keep our information up to date regarding your child's immunisation			
Does your child have any dietary requirements		Yes	No
If answered <b>yes</b> , please specify:			
<b>3. Medicine</b>			
<b>Category (i) Medicine</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.			
Do you approve category (i) medicines to be used on your child?		Yes	No
Please tick below and Category (i) medicine that cannot be used on your child			
<input type="checkbox"/> Arnica Cream	<input type="checkbox"/> Antiseptic cream	<input type="checkbox"/> Sunblock	
<b>Category (ii) Medicine</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 Ronga Maori (Maori plants 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.			
<b>Category (iii) Medicine</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.			
Individual health Plan completed and signed		Yes	No
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:

<b>20 HOURS ECE ATTESTATION</b>		
Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this service	Yes	No
Is your child receiving 20 Hours ECE at any other service	Yes	No
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:

<b>POLICIES AND PROCEDURES</b>	
Elm Tree Early Learning Centre have a number of policies and procedures that are in place for the education and care of the children who attend. We strongly urge you to read these. Please confirm that you have read and agree to abide by the following policies and procedures. By signing this declaration, you agree to abide by all policies and procedures. A full copy will be made available from reception on request.	
<input type="checkbox"/> Sleep Policy	<input type="checkbox"/> Positive Guidance
<input type="checkbox"/> Excursion Policy	<input type="checkbox"/> Infectious Illness Exclusion Procedure
<input type="checkbox"/> Fee Policy	<input type="checkbox"/> Accident, Illness and Sickness Policy
<input type="checkbox"/> Medication Policy	
Parent/Guardian Signature:	
Date:	

<b>PROMOTIONAL MATERIAL</b>		
I agree photographs and videos of my child can be used for the following types of promotional material:		
<input type="checkbox"/> Printed material	<input type="checkbox"/> Elm Tree Website/Facebook site	<input type="checkbox"/> I do not want my child's photos and videos to be used for any promotional material
Parent/Guardian signature:		
Date:		

<b>HOW DID YOU HEAR ABOUT US</b>			
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Signage	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Social Media
<input type="checkbox"/> Internet search	<input type="checkbox"/> Other		
<b>What school is my child likely to attend?</b>			

<b>TERMS AND CONDITIONS</b>	
<b>Privacy Statement</b>	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 identify 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 <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a> Information about acceptable identify verification documents is available online at <a href="http://www.lead.ece.govt.nz">www.lead.ece.govt.nz</a> and <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a>
<b>Dual enrolment Declaration</b>	I hereby declare that my child is not enrolled at another early childhood service at the same times that he/she is enrolled at Elm Tree
<b>Vision and hearing testing</b>	I give permission for my child to have their ears and vision tested as part of the Ministry of Health screening programme and agree that my contact details may be passed on for any further follow up to the tests.
<b>Excursions</b>	I have read the Centre's excursion policy and agree to the adult: child ratios for short walks as described in this, and therefore I give permission for my child to go on short walks with the teacher/s in the area around the centre. I understand that I will be required to give written consent for any excursion in which my child is required to travel by motor vehicle.
<b>ICT</b>	I understand that my child may use ICT equipment to support their early childhood education
<b>Arriving and leaving the centre</b>	I understand that teachers are responsible for my child only during session times and that I am responsible for seeing my child gets safely to and from the centre. I understand that it is a condition of enrolment that children driven to and from the centre must travel in a child's car seat or restraint in accordance with Traffic Regulations. When arriving at the centre I will park in the designated areas and escort my child in and advise a teacher of our arrival before leaving. I will also sign my child in on arrival and again on departure.
<b>Statutory Holidays</b>	Elm tree is closed on all statutory holidays
<b>Fees and payments</b>	In signing this agreement, I agree to pay the fees in accordance with the Fee Schedule and Policy that is current at this time.
<b>Planning and assessment</b>	I give permission for my child to be photographed or videoed as part of the centre's documentation of learning. I understand that my child's portfolio will be accessible to my child and my family. I confirm that I will respect the confidentiality of other children's documentation.

<b>DECLARATION</b>		
I declare that all the information given in this enrolment form is true and correct to the best of my knowledge. Should any of this information change I will inform Elm Tree Early Learning Centre as soon as possible.		
Parent/Guardian Name	Signature	Date:
On behalf of Elm Tree Early Learning Centre, I declare that his enrolment form has been checked and all the relevant sections have been completed.		
Centre Director Name	Signature	Date:

