

Enrolment Agreement Form		
Application Date	Proposed Commencement Date	Exit Date
____/____/____	____/____/____	____/____/____

Child's Details					
Child's official surname/ family name:	Child's official given name:	Child's official other name/ middle name:	Name You child is known by/ preferred name:	Child's date of birth:	Gender:
				____/____/____	Male/ Female

Child's ethnic origin/s		<table border="1"> <thead> <tr> <th colspan="2">Identification</th> </tr> </thead> <tbody> <tr> <td>NZ passport</td> <td></td> </tr> <tr> <td>NZ birth certificate</td> <td></td> </tr> <tr> <td>Foreign passport</td> <td></td> </tr> <tr> <td>Foreign birth certificate</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> <tr> <td>Staff initials:</td> <td></td> </tr> </tbody> </table>	Identification		NZ passport		NZ birth certificate		Foreign passport		Foreign birth certificate		Other:		Staff initials:		<table border="1"> <thead> <tr> <th colspan="2">Language spoken at home:</th> </tr> </thead> <tbody> <tr> <td>English</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> </tbody> </table>	Language spoken at home:		English		Other:		Is there anything else we should know about your child's ethnicity, culture or food preference?
Identification																								
NZ passport																								
NZ birth certificate																								
Foreign passport																								
Foreign birth certificate																								
Other:																								
Staff initials:																								
Language spoken at home:																								
English																								
Other:																								
Iwi your child belongs to:																								
Child's primary residential address																								
	Post Code:																							

Contact Person - Mother/ Guardian			
Surname:		First Name:	
Home address		Home Telephone	
		Mobile No.	
Email address			

Contact Person - Father/ Guardian			
Surname:		First Name:	
Home address		Home Telephone	
		Mobile No.	
Email address			

Custodial/ Non access Info	
Do both parents have day to day care of the child?	Yes/ No
If NO, the centre will need to sight the original document and make a copy to be kept on file. You are responsible for informing Mighty Minds Educare of any custodial arrangement upon signing this enrolment form.	
Name of any person who are forbidden to have any access or restricted access to this child?	
Name	Doc on File Yes/No
Name:	Doc on File Yes/No

Emergency Contact (Person/s who can pick up your child)	
Name/ Relationship	
Address	
Home No.	
Mobile No.	
Name/ Relationship	
Address	
Home No.	
Mobile No.	

## 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 this Act, you have the rights to access and request correction of any personal information we hold about you or your child. Detail 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 number at: [www.eli.education.govt.nz](http://www.eli.education.govt.nz)

## Additional person/s who can pick up your child

Surname:		First Name:	
Home address		Home Telephone	
		Mobile No.	
Relationship to child			

## Additional person/s who can pick up your child


Surname:		First Name:	
Home address		Home Telephone	
		Mobile No.	
Relationship to child			

## Doctor Information

Name:		Medical Centre	
Telephone No.		Reference No.	
Address			

## Allergies/ Dietary Needs

Does your child have any illness or Allergies	Yes/ No
If answered Yes above, please specify:	
Is your child up to date with immunisation? (Please provide a copy of immunisation certificate, or a copy of immunisation record)	Yes/No
Does your child have any specific dietary requirement?	Yes/ No
If answered Yes above, please specify (e.g. halal, kosher etc)	



# 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.

Do you approve category (i) medicines to be used on your child? Yes/No

Please indicate below any category (i) Medicine that can be used on your child

<input type="checkbox"/> Arnica	<input type="checkbox"/> Antiseptic	<input type="checkbox"/> Insect bite treatment	<input type="checkbox"/> Sunblock	<input type="checkbox"/> _____
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Parents/ 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 for 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.

Parents/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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: Yes/ No

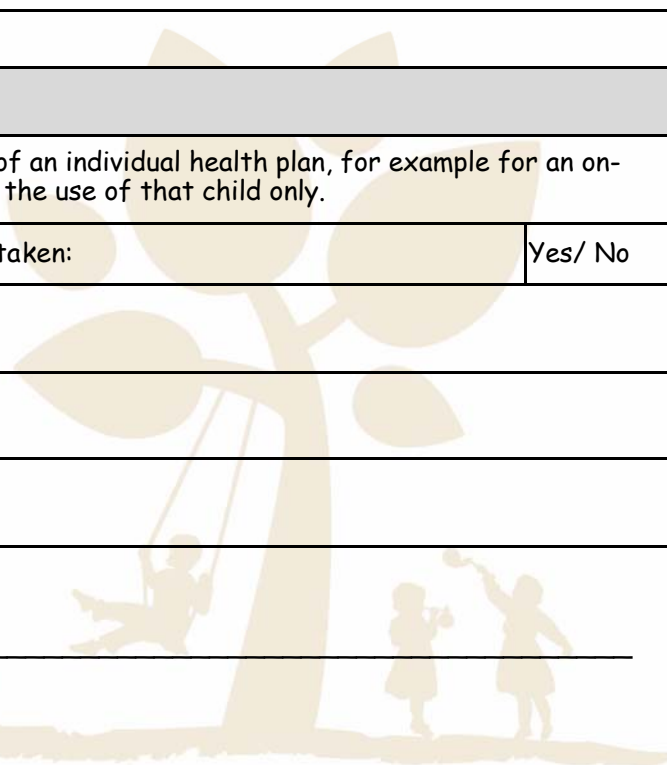
Name of medicine:

Method and dose of medicine:

When does the medicine need to be applied:

Parents/ 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.

Day 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

<b>For 20 Hours ECE fill out boxes</b>	Monday	Tuesday	Wednesday	Thursday	Friday	
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parents/ 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? Tick one	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child receiving 20 Hours ECE at any other services? Tick one	Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

Parents/ 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 Mighty Minds Educare.

Parents/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Policies/ Procedures

At Mighty Minds Educare, we have a number of policies and procedures that are in place for the education and care of children who attend. We strongly recommend you to read and be familiar with these. Please confirm that you have read and agree to abide by the following policies and procedures. By signing this declaration, you have agreed to abide by all the policies and procedures. A full copy of our policies and procedures will be made available from reception upon request.

Accident and Emergency Treatment Policy

Settling In Policy

Enrolment/ Attendance Policy

Illness Policy

Medication Policy

Emergency Evacuation Policy  
Evac ratio is: 1:3 for U2 and 1:8 for O2

Parents/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Permissions

Ticking the following, you have given Mighty Minds Educare the consent to:

Take your child for small local walks with educators. Ratios are 1:3 for under 2 years old, and 1:4 2~5 years old.

photograph/ video your child for the purposes of assessment, planning, evaluation and on display within the centre and centre Facebook.

Photograph/ video your child for promotional material such as wall display, Mighty Minds website or any promotional material.

Send your child's photos and videos to you via Wechat app.

Photographs and videos taken can be used for five years from when they are taken. I understand that photographs and videos displayed on centre Facebook and centre website will be available on worldwide web.

Parents/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Statutory Holiday/ Term Break

This enrolment agreement is inclusive of school term breaks.

I have been made aware that Mighty Minds Educare is closed on all Statutory Holiday, full fees are applicable for any statutory holiday that falls on a day when your child would normally attend. I have also been made aware We are closed on all statutory holidays over Christmas period and from 1pm on Christmas Eve.

Parents/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Optional Charges:

If you request Optional Charges, this agreement must be included as part of your service's Enrolment Agreement Form.

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

1. The optional charge is for:

- Higher adult and child ratio \$20 Per day
- Food \$ 12 per day
- Sunblock \$3

I understand that if I agree to pay for the optional charge, Mighty Minds Educare may enforce payment.

The agreement to pay the optional charge will last for: 12 month

The rules about making changes to the agreement are:

- Upon changing of family's situations

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

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Parent Declaration

I declare that all information given in this Enrolment Agreement Form is true and correct to the best of my knowledge. Should any of these details change I will inform Mighty Minds Educare as soon as possible.

Parents/ Guardian Signature: \_\_\_\_\_

Parents/ Guardian Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Service Declaration

On behalf of Mighty Minds Educare, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## How did you hear about us

Referral    Website    Google    Yellow Pages (internet)

Other: \_\_\_\_\_

## Changes To Enrolment

Effective date:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total hours:
<b>For 20 Hours ECE fill out boxes</b>	Monday	Tuesday	Wednesday	Thursday	Friday	
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parents/ Guardian Signature: \_\_\_\_\_

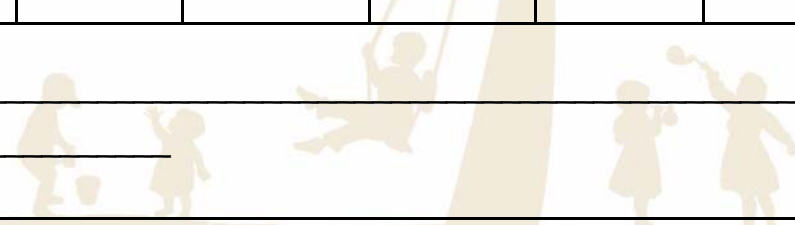
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Times Enrolled						Total hours:
<b>For 20 Hours ECE fill out boxes</b>	Monday	Tuesday	Wednesday	Thursday	Friday	
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parents/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





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Times Enrolled						Total hours:
<b>For 20 Hours ECE fill out boxes</b>	Monday	Tuesday	Wednesday	Thursday	Friday	
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parents/ 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? <small>Tick one</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child receiving 20 Hours ECE at any other services? <small>Tick one</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

Parents/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_