

Child's Details

Child's official surname or family name:

Child's official given name:

Child's official other name / middle names
(please separate names with a comma):

Name your child is known by (preferred name):

Copy of official identity verification document* collected by staff:

- New Zealand Birth Certificate
 New Zealand Passport

- Foreign Birth Certificate
 Foreign Passport

Other:

Staff Initials:

Child's Date of Birth: / /

Male Female Non Binary

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

Person Responsible for Account

Name:

Date of Birth: / /

Signature:

We email invoices weekly, please indicate which email address account should be sent to:

Parents / Guardians

1. Given names:

2. Given names:

Surname / family name:

Surname / family name:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Relationship to child:

Relationship to child:

Emergency Contacts (other than Parent/Guardian – must be able to pick up your child)

1. Given names:

2. Given names:

Surname / family name:

Surname / family name:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Relationship to child:

Relationship to child:

Additional person/s who can pick up your child

1. Given names:

2. Given names:

Surname / family name:

Surname / family name:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Relationship to child:

Relationship to child:

Custodial Statement

Are there any custodial arrangements concerning your child?

Yes No

If YES, please give details of any custodial arrangements or court orders (a copy of any court order is required)

Person/s who cannot pick up your child

Name:

Name:

Relationship to child:

Relationship to child:

Please indicate below whether you give permission for your child to:

Attend small local walks with an adult to child ratio of:

One adult to 2 children (0-2 yr olds)

Yes No

One adult to 4 children (2 – 5 yr olds)

Yes No

Have their vision/hearing tested when specialist visits

Yes No

Be taken to the Medical Centre in case of an emergency
(Parents to reimburse any costs incurred)

Yes No

Be photographed by our centre staff, students and/or other parents for the purpose of planning/assessment/evaluation, study, newsletters or notices

Yes No

Be included in photos for the Tiny Tuis Website or Tiny Tuis social media

Yes No

Allow Tiny Tuis staff to apply sunblock

Yes No

Allow Tiny Tuis staff to check my child's hair for headlice if there is an outbreak

Yes No

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

Child's Doctor

Name:

Phone:

Name of medical centre:

Health

Illness/allergies:

Is your child up-to-date with immunisations?
(Please provide verification of all immunisations)

Yes No

For staff:

Immunisation records sighted and details recorded:

Staff Initial:

Food allergies:

Does your child have any specific food requirements?

Yes No

Please specify any allergies:

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?

Yes No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

• Arnica • Bonjela • Antiseptic Cream • Nappy Cream • Calendula Cream • Anthisan • Non-Lanolin Fatty Cream

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 Maori (Maori 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 (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 taken (state time or specific symptoms):

Parent/Guardian Signature:

Date: / /

Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same time that they are enrolled at Tiny Tuis Early Learning Centre.

Parent/Guardian Signature:

Date: / /

Enrolment Details

Child's Age at Entry:

Date of Entry: / /

Date of Enrolment: / /

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.

Days Enrolled:	Mon	Tue	Wed	Thu	Fri	Total Hours
Times Enrolled:						

Parent/Guardian Signature:

Date: / /

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service (3-5yr olds only)						
20 Hours ECE at another service (3-5yr olds only)						

Parent/Guardian Signature:

Date: / /

20 Hours ECE Attestation PLEASE ONLY COMPLETE THE FOLLOWING SECTION IF YOUR CHILD IS USING 20 HOURS ECE (ONLY 3-5 YEAR OLDS). IF NOT, PLEASE LEAVE THIS SECTION BLANK.

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? Yes No

2. Is your child receiving 20 Hours ECE at any other services? 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: / /

Statutory Holidays / Term Breaks / Public Holidays

Providing 2 weeks notice of absence is given, each child is entitled to up to 15 days per calendar year at a reduced rate of 50%. This enrolment is inclusive of school term breaks. Fees will be charged on statutory holidays (Waitangi Day, Auckland Anniversary, Good Friday, Easter Monday, Anzac Day, Queens Birthday, Matariki, Labour Day). No fees will be charged when the centre is closed over the Christmas Period. Fees will be charged for any unavoidable closures of 2 days or less (high winds, power outages). Any closures longer than this will not be charged.

Who can we thank for recommending us to you, or how did you hear about us?

Service Declaration

On behalf of Tiny Tuis Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date: / /

Parent Declaration

In signing this enrolment form I hereby:

- Agree to pay the fees on the basis of the current "Tiny Tuis Fees Policy" as attached and agree to pay my child's fees at least one week in advance. I understand that my child's place may be forfeited if the fees are not kept up to date. I understand that I may incur a late payment penalty fee if my child's fees are continuously outstanding.
- Agree to abide by the Centre policies and rules as outlined in the "Parents Handbook" of which I have been given a copy.
- Understand that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to another child.
- Understand that I must hand all medication to staff on admission and sign the medication book.
- Declare that all the above information is true and correct to the best of my knowledge.

Name:

Parent/Guardian Signature:

Date: / /

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 2020. 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.eli.education.govt.nz

* Information about acceptable identity verification documents is available online at: www.education.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.

OFFICE USE ONLY

Parent has been given the following information on enrolment:

Enrolment form

Fees Schedule

Parent Handbook

Immunisation Booklet sighted and copied

Individual health plan complete (if required)

Identification document sighted and copied

Bond agreement sent

Booking Confirmation

Booking Confirmed (Centre Manager Signature):

Date: / /