

# Enrolment Form



Little Tui  
Early Childhood Centre

office@littletui.co.nz

www.littletui.co.nz

07 843 3659

4 Bruce Avenue, Glenview,  
Hamilton



This arrow shows where the Parent/Caregiver signature is required in this 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:

## Copy of official identity verification document\* sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

\*\*\*\*Staff initials: \_\_\_\_\_\*\*\*\*

Child's date of birth: dd / mm / yyyy

Male

Female

Child's ethnic origin/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Iwi your child belongs to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language/s spoken at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's primary residential address:

\_\_\_\_\_

Post Code:

Child's siblings:

NSN#:

## 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

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

- 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](#)*

During work hours, who should we contact primarily? \_\_\_\_\_

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
Email you would like to use to receive newsletters and correspondence from your child's kaiako or Kaiwhakahaere:	

**Additional Emergency Contacts** (person based in Hamilton should we be unable to contact you in an emergency situation and is also able to pick up child):

<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:

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Additional person/s who can pick up your child:	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
<b>Note: No child will be given permission to leave the centre unless the person collecting the child is noted on this form. If the person is not on this form, permission may be granted in writing by the parent or guardian.</b>	
Custodial Statement	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders ( <b>a copy of any court order is required</b> )	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:
Health	
In the unlikely event of a medical emergency, I understand my child will be given basic first aid treatment by Little Tui Early Childhood staff and necessary taken to hospital in an ambulance – parents or an emergency contact person will be notified immediately.	
I am aware that if my child has diarrhoea or vomiting s/he is required to stay home until 48 hours after the last symptom	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
I am aware that if my child has head lice, s/he is required to stay home until treated	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to Vision, Hearing and Tympanometry tests for my child and consent for the results to be discussed with the manager if necessary	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any chronic illness / conditions that we should be aware of?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>If Yes, please see the manager about filling in an individual health plan.</b>					
Does your child have any other special difficulties that we should be aware of?	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am aware of the Ministry of Health Guidelines regarding foods provided by parents that are a high choking risk (these guidelines are included in your enrolment pack)	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*****For staff: Immunisation records sighted, and details recorded: *****	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Health and Medicine**

**Family Doctor Details**

<b>Name of Doctor:</b>	<b>Name of Medical Centre:</b>
<b>Phone Number:</b>	<b>Address:</b>

**Centre Provided Medicines - 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? *Circle One*    Yes    No**

If permission is given, the following category (i) medicines can be used on your child, ***provided by service:***

***Please circle:***        \* *NaturoPharm Arnica Cream*        \* *PROBLOC SPF50+ SUNSCREEN*        \* *Weleda Calendula cream*

***Please sign:***        ***Parent/Caregiver 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Ongoing Health Plans - 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.

Does your child require medicine as part of an ongoing individual health plan? Yes  No

Individual Health Plan completed and signed: \*\*\*\*\*Staff Initial \_\_\_\_\_\*\*\*\*\* Yes  No

Description of ongoing condition:

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptoms)

Please advise the centre if specific training is required to administer your child's medication. We will record when this medicine is administered and will ask you to sign your acknowledgement weekly or every three months.

Parent/Guardian Signature: \_\_\_\_\_

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

**Dietary Requirements**

Does your child have any dietary requirements? Yes  No

If yes, please provide specific details: \_\_\_\_\_

**Parking and escorting**

I agree that when dropping my child off at Little Tui Early Childhood Centre I will park in the area designated as suitable by the centre management and escort my child into the building and advise a teacher of my arrival before leaving my child in Little Tui's care. I will advise a teacher before taking my child from the centre.

I understand and accept that it is a condition of enrolment that children driven to and from Little Tui Early Childhood Centre must travel in a child's seat or restraint in accordance with traffic regulations.

Parent/Guardian Signature: \_\_\_\_\_

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

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

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 **are no** compulsory fees when a child is receiving 20 Hours ECE funding.

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?  
*Tick One*    Yes     No
- Is your child receiving 20 Hours ECE at any other services?  
*Tick One*    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 (**PLEASE CIRCLE THE RELEVANT ANSWER**) **is / is not** enrolled at another early childhood institution at the same times that he/she is enrolled at Little Tui Early Childhood Centre

**Parent/Guardian Signature:** \_\_\_\_\_    **Date:** \_\_\_ / \_\_\_ / \_\_\_

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

## Fees

I agree to pay fees one week in advance in accordance with the fees schedule for the greater of time booked or attended.

I understand that my child must attend the hours I have applied for, and I agree to pay fees as per the fees schedule for the time booked whether my child attends or not, including sick days, except for any hours attested as 20 ECE hours, statutory holidays and 2 weeks Little Tui Early Childhood Centre is closed over the Christmas and New Year weeks.

I agree in the event of fees being in arrears I acknowledge a late payment fee and/or interest will be charged in accordance with the then current fees schedule issued by the centre and that all debt collection costs will be charged in addition to fees, interest and late payment charges. Late payment of fees may result in my child's space being cancelled and all debt collection fees payable by me. (Refer to the fees schedule).

I agree in the event of non-payment of my account that the full details of my enrolment and any relevant information may be forwarded to a collection agency for the purpose of collection of outstanding fees.

I agree to give 2 weeks advance notice in writing when cancelling my child's booking in accordance with Little Tui Early Childhood Policy.

Information provided by parents/guardians on this enrolment form is required for statistical purposes, to ensure contact in an emergency and to facilitate individual care and attention for your child. It is strictly confidential to Little Tui Early Childhood Centre and follows the principles of the Privacy Act 1993. (If requested it must also be made available to Government departments).

Where this is signed by more than one person, we agree that we jointly and severally are liable for all fees and other costs.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- **Holiday discount:** Each child enrolled is entitled to 50% off their normal fee rate 3 weeks per year of the days and hours the child is normally booked for.

## Little Tui Early Childhood Bank Details

**Starlight Enterprises Ltd**  
**02-316-0732259-000**

## Work and Income Childcare Subsidy (WINZ)

I understand that if eligible for a Work and Income childcare subsidy I am responsible for paying my fees in full until my subsidy is approved.

I understand that I am responsible for any fees not covered by my subsidy.

**I am responsible for ensuring Work and Income are kept informed of any changes that may affect my subsidy.**

Any over payment made by Work and Income will not be offset against any outstanding balance or paid out to the person responsible for payment of fees.

Parent declaration

I declare that I understand my responsibility for fees as per above and the information I have provided is true and correct.

Where this is signed by more than one person, we agree that we jointly and severally are liable for all fees and other costs.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Little Tui Early Childhood Centre is not open on Statutory Holidays and no fees are charged for days and periods of closure.

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### Incidental walks / local or regular excursion permissions

As part of our programme to support children's strengths and interests we on occasions may take children on spontaneous short local walks or regular excursions. The adult ratio will be no less than regulated ratios for each excursion.

In order for your child to participate we need you to sign permission that you agree to these ratios. 1:2 near water; 1:6 for children aged 2-6 years.

Please see RAM forms in whaanau folder

**I give permission for my child to be taken on short local walks and regular excursions. Yes/No**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Privacy Permissions

Do we have permission to take photos, video recordings and written observations of your child for the purpose of assessment, planning and evaluation of their learning?

Yes / No

Do we have your permission to photograph your child for centre display, management notice boards and to be included in other children's portfolios where applicable.

Yes / No

Do we have permission to communicate your child's learning experiences with you via Storypark? You will be supplied a password that will allow you to access your child's profile online and the opportunity to allow other family members access as well. Please talk to your child's Kaiako for more information.

Yes / No

I understand observations will be completed on my child by early childhood students in the course for their training. These observations will not include the child's name and copies will be forwarded to parents on request.

Yes / No

Do we have your permission to use photos of your child promotional materials (brochure/website) for Little Tui Early Childhood Centre.

Yes / No

Do we have permission for photos and video images of your child to be published on our social media sites such as Facebook and Instagram? The purpose of this is to share with you and your whaanau, beautiful images of our learning programme in action, share up coming events with the community, and to keep in touch with those who may wish to join our centre.

Yes / No

I agree to my child being photographed by other parents on special occasions e.g. birthdays, excursions etc.

Yes / No

I agree that if I take any photos/videos at the centre or on special occasions that include children other than my own, I will not post these on any social networking sites e.g. Facebook, Twitter, Instagram etc.

Yes / No

▪ **Policy Statement:** Little Tui Early Childhood Centre has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. A basic policy folder is available in the foyer for your perusal, a full version is available upon request. 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.

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

Parent/Guardian Signature: \_\_\_\_\_

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

### Service Declaration

On behalf of Little Tui Early Childhood Centre I declare that this form has been checked and all relevant sections have been completed.

Manager Signature: \_\_\_\_\_

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

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