



ENROLMENT FORM

CHILDS DETAILS

Child's **Official Surname** or **Family Name:** _____

Child's **Official Given Name:** _____

Child's **Official Other / 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
 New Zealand Passport
 Foreign Passport
 Other

Original document sighted – **Staff Initials:** _____

Child's **Date of Birth:** _____

Gender:

Male

Female

Child's ethnic origins: _____

Iwi your child belongs to: _____

Language/s spoken at home: _____

Child's primary residential address: _____

Post Code: _____

PRIVACY STATEMENT

We are collecting personal information on this enrolment form for the purpose 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 correct 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.minedu.govt.nz/parents

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

www.lead.ece.govt.nz and www.minedu.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.

NB: Please let us know of any changes in family circumstances, employment or contact details.



PARENT / GUARDIAN DETAILS	
1. Name: _____ Relationship to Child: _____ Address (If different from above): _____ _____ _____ Post Code: _____ Email: _____ Phone (Home): _____ Phone (Work): _____ Phone (Mobile): _____ Occupation: _____	2. Name: _____ Relationship to Child: _____ Address (If different from above): _____ _____ _____ Post Code: _____ Email: _____ Phone (Home): _____ Phone (Work): _____ Phone (Mobile): _____ Occupation: _____
3. Name: _____ Relationship to Child: _____ Address (If different from above): _____ _____ _____ Post Code: _____ Email: _____ Phone (Home): _____ Phone (Work): _____ Phone (Mobile): _____ Occupation: _____	4. Name: _____ Relationship to Child: _____ Address (If different from above): _____ _____ _____ Post Code: _____ Email: _____ Phone (Home): _____ Phone (Work): _____ Phone (Mobile): _____ Occupation: _____

NB: Please let us know of any changes in family circumstances, employment or contact details.

ADDITIONAL PERSONS WHO CAN PICK UP YOUR CHILD	
Name: _____ Address: _____ _____ _____ Phone (Home): _____ Phone (Work): _____ Phone (Mobile): _____	Name: _____ Address: _____ _____ _____ Phone (Home): _____ Phone (Work): _____ Phone (Mobile): _____



ADDITIONAL EMERGENCY CONTACTS (also able to pick up your child)

Please list the details of the people who are have permission to collect your child from the Centre and who may be contacted in event of an emergency. (In order of priority).
 (Please note that your child may only be collected by persons over the age of 14 years).

Lakeview must be informed in writing of any other persons who will be collecting your child. We will not release the child without written permission.

Full Name	Phone	Mobile	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 court order is required) _____

Person's who CANNOT pick up your child:

Name: _____ Name: _____
 Name: _____ Name: _____

PERMISSIONS

- Attend small local walks maintaining adult child ratios (1 adult to 4 children) Yes No
- Have their vision /hearing tested when DHB specialist visits Yes No
- Be taken to the Medical Centre in case of emergency (Parents to reimburse any costs incurred) Yes No
- Be photographed by our staff & student teachers for the purpose of:
 - Planning/assessment/study Yes No
 - Lakeview Kindergarten website, Facebook pages Yes No
 - Newsletters, Notices, Newspaper articles Yes No
- Allow staff to apply sunblock Yes No
- Allow staff to check my child's hair for head lice if there is an outbreak Yes No

MEDICAL / ACCIDENT AUTHORISATION

I authorise Lakeview to seek medical advice, as the staff deem necessary, in my child's best interest.
 I give permission for my child to be attended to by a doctor or hospital staff in the event of an emergency.
 I authorise Lakeview to administer medicine given by a doctor for my child. All medication must be clearly labelled with doctor's information, pharmacy label and dosage instructions and be currently dated. This will be documented in the medicine book as required and as per our Medicine Administration Policy. Medicine must be given to a teacher and must not be left in child's bag.
 If my child has a severe allergy, or requires an individual health plan, an action plan will be documented and I will ensure that the required medication is available to staff at all times and give permission for this medication to be administered in the event of an emergency.

Parent / Guardian Signature: _____ Date: _____

Commented [CB1]:



MEDICAL DETAILS	
Doctor's Name:	Doctors Phone:
Doctor's Address:	
Is your child up to date with immunisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have chosen not to have my child immunised	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Please bring in your immunisation book to be photocopied as per MoE requirements)	
For Staff: Immunisation record book sighted and details recorded	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any medical conditions or allergies, food allergies?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
(If so, please provide details i.e., medical reaction and required treatment)	
Does your child have any behavioural or developmental habits/issues we should be aware of?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are they under the care of a specialist? (If so, please provide details)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent / Guardian Signature:	
Date:	

CATEGORY (i) MEDICINES AUTHORISATION	
I authorise Lakeview to provide 'first aid' treatment for minor injuries and use Category (i) medication, in accordance with early childhood regulation first aid kits.	
Parent / Guardian Signature:	
Date:	

CATEGORY (ii) MEDICINES AUTHORISATION	
Category (ii) medicines are prescription (antibiotics, eye/ear drops etc.) medicine that is used for a specific time period to treat a specific condition or symptom, provided by a parent for the use of that child only. I authorise Lakeview to administer Category (ii) medication, with written authority from a parent. If a Category (ii) medicine is to be administered, details must include what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given. This will be in accordance with our Medicine Policy and Health & Sickness Policy.	
Parent / Guardian Signature	
Date:	

CATEGORY (iii) MEDICINES AUTHORISATION	
Category (iii) medicines is medication as part of an individual health plan, for example an on-going condition such as asthma or eczema etc. and is for the use of that child only, in accordance with our Medicine Policy and Health & Sickness Policy.	
For Staff: Individual health plan sighted, and a copy taken	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Medicine:	
Method and Dose of Medicine:	
When does the Medicine need to be taken? (state time or specific symptom)	
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.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours:
8.00am – 12 noon						
1pm – 5.30pm						
8.00am – 5.30pm						

For 20 Hours ECE please fill out boxes with hours attested (e.g. 6 hours)

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent / Guardian Signature: _____ Date: _____

20 HOURS ECE ATTESTATIONIs your child receiving 20 Hours ECE, up to 6 hours per day, 20 hours per week at this service? Yes NoIs 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:

- Your child does not receive more than 20 hours of 20 hours ECE per week across all the 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 form.

Parent / Guardian Signature: _____ Date: _____

DUAL ENROLMENTI declare that my child **is / is not** enrolled in another early childhood service at the same times that he/she is enrolled at Lakeview Private Kindergarten.

Parent / Guardian Signature: _____ Date: _____

OPTIONAL CHARGES

1. The optional charges are for:

- Higher child / staff ratio (1:8)
- Occasional treats
- Sunscreen lotion
- High level of qualified staff 80%+
- Holidays discount



<p>2. I understand that if I agree to pay for the optional charge Lakeview Private Kindergarten may enforce payment.</p> <p>3. The agreement to pay for the optional charge will last until my child leaves Lakeview Private Kindergarten</p> <p>4. The rules about making changes to the Agreement requires two weeks' notice from either party.</p> <p>5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.</p> <p>6. I agree/do not agree to pay the optional charges for the activities/items specified in this Enrolment Agreement form.</p>
Parent / Guardian Signature: _____ Date: _____

STATUTORY HOLIDAYS & TERM BREAKS

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

The Centre closes for approximately 2 weeks over Christmas at no fee charge.

Lakeview Private Kindergarten closes on the following **Statutory Holidays**:

New Year's Day, Day after New Year's Day, Auckland Anniversary Day, Waitangi Day, Good Friday, Easter Monday, ANZAC Day, Queen's Birthday, Labour Day, Christmas Day, Boxing Day.

Full fees are applicable if your child is enrolled to attend on these days normally

Please note the Centre closes at 2pm on Christmas Eve.

HOW DID YOU HEAR ABOUT LAKEVIEW CHILDCARE?

<input type="checkbox"/> Internet / Website	<input type="checkbox"/> Friend	<input type="checkbox"/> School	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Advertising	<input type="checkbox"/> Other		

PARENT DECLARATION

Please read and agree to the following before signing the application:

1. I have received, read, and agree to all the information as detailed in the Lakeview Information Sheet.
2. I confirm that the child referred to in this enrolment form is not enrolled at another early childhood service for the same days and hours as they are enrolled at Lakeview Private Kindergarten.
3. In signing this enrolment form, I agree to not bring my child to Lakeview when they are ill and/or suffering from any condition that is contagious to others. I will notify the Centre if my child is not attending and inform the nature of the illness immediately. I have been provided with a copy of the Health & Sickness Policy on enrolment.
4. Lakeview has several policies and procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement indicates that you will abide by the policies of this service and understand how you can have input to policy review.
5. I will keep Lakeview informed as to any changes regarding my child, e.g. food, sleep, allergies, changes in home situation.
6. I agree not to take photos or videos of other children at the Centre and to not post on personal social media any photos, videos related to Lakeview or other children.
7. Excursions out of the Centre - I authorise the Centre to take my child on short walks or spontaneous small excursions. These would be in small groups and well supervised as set out in our excursion policy. Large pre-planned trips will be notified in advance and with specific written approval.
8. In signing this enrolment form, I agree to pay the fees as detailed and will pay two weeks in advance. I understand that if I fail to do this a late payment penalty fee of \$30 will be charged. I agree to pay fees for enrolled days even if my child is unable to attend due to sickness, holiday's, or statutory holidays. I understand and accept that if any fees remain unpaid beyond the time specified in the Information Sheet, my child's enrolment may be forfeited, and the debt passed onto a collection agency. Any debt collection agency fees will be added to my account owing. In addition, should the fee structure be changed, I agree to pay the amended fee. Should I disagree, I can withdraw my child giving two weeks' notice.
9. I agree that all persons authorized to drop off / pick up my child will ensure that the child is **signed in / out** and under supervision with a staff member before leaving the premises. The Centre is not responsible for any children in the carpark when arriving and departing. Children must be signed out before leaving the premises.
10. I understand that I have right of entry to the Centre during the hours my child attends, however right of entry may be denied, along with collection of my child if legal access is denied; I am suffering from contagious or infectious diseases that may be detrimental to the staff and other children in the opinion of the Person Responsible at the time; I am under the influence of alcohol or any other substance that may have an adverse effect on my behavior; or are behaving in a manner that may be of danger to the staff and children. These rules also apply to any persons that are authorized to collect my child.
11. I understand the Lakeview Private Kindergarten is only responsible for my child during their hours of enrolment.
12. If I am late to pick up my child after the Centre is officially closed, I am liable for a \$30.00 late pick up fee.
13. 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 Lakeview Private Kindergarten, I declare that this form has been checked and all relevant actions have been completed.

Centre Manager Signature: Date:

OFFICE USE ONLY

Day:	Morning	Afternoon	All Day	
MON				<input type="checkbox"/> Immunisation Certificate <input type="checkbox"/> Birth Certificate / Passport <input type="checkbox"/> Portfolio <input type="checkbox"/> Name Tag <input type="checkbox"/> Phone Book <input type="checkbox"/> Administration Fee <input type="checkbox"/> Birthday Board <input type="checkbox"/> Hearing / Vision <input type="checkbox"/> Discover <input type="checkbox"/> Account <input type="checkbox"/> Wet Bag <input type="checkbox"/> NSN Number <input type="checkbox"/> Portfolio Allocation <input type="checkbox"/> Art file <input type="checkbox"/> EDUCA <input type="checkbox"/> Allergy List <input type="checkbox"/> Health & Sickness Policy
TUE				
WED				
THUR				
FRI				