



NSN NUMBER	#
Enrolment Form	Child's Details
Official First Name/s	
Official Middle Name/s	
Official Last Name/s	
If different from above	
Preferred First Name/s	
Preferred Middle Name/s	
Preferred Last Name/s	
Identification	NZ Birth Certificate / NZ Passport / Other
For Staff: Record sighted	Yes / No Signed:
Gender	Male / Female / Prefer not to say
Address	
City	
Post Code	
Ethnicity	
Iwi	
Language Spoken at Home	
Date of Birth	/ /20
Referred By	
Preferred Primary School	
Previous Enrolment: Has your child received early childhood education elsewhere? YES/NO (please circle) If yes: Name of ECE Service: _____ Last Day of attendance: ____/____/____	
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 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. Additionally, Te Papapa Preschool collect personal information on this enrolment form for the purposes of providing early childhood education for your child. Copies of identification may be kept to support any custody arrangements and to protect your child/ren during pick up/drop off. All enrolment records are destroyed after 7years. *You can find more information about national student numbers at: www.minedu.govt.nz/parents	

	Child's Details
Medical Details	
Doctor's Name	
Physical Address	
Telephone Number	
Allergies	
Dietary Requirements	
Nappies	Yes / No
Toilet Training	Yes / No
Immunisations	Is your child up to date with immunisations ? Yes / No (Please provide a copy to verify immunisations)
For Staff : Record Sighted	Yes / No Signed:
	Parent/Whanau Details
Relationship to Child	
First Name	
Last Name	
Address (If different to the child's)	
Daytime Phone Number	
Evening Phone Number	
Mobile	
Circle all that apply	Primary Caregiver / Emergency Contact / Allowed to collect
	Parent/Whanau Details
Relationship to Child	
First Name	
Last Name	
Address (If different to the child's)	
Daytime Phone Number	
Evening Phone Number	
Mobile	
Circle all that apply	Primary Caregiver / Emergency Contact / Allowed to collect

Additional Contacts	
	Parent/Whanau Details
Relationship to Child	
First Name	
Last Name	
Address (If different to the child's)	
Daytime Phone Number	
Evening Phone Number	
Mobile	
Circle all that apply	Primary Caregiver / Emergency Contact / Allowed to collect
Relationship to Child	
First Name	
Last Name	
Address (If different to the child's)	
Daytime Phone Number	
Evening Phone Number	
Mobile	
Circle all that apply	Primary Caregiver / Emergency Contact / Allowed to collect
Relationship to Child	
First Name	
Last Name	
Address (If different to the child's)	
Daytime Phone Number	
Evening Phone Number	
Mobile	
Circle all that apply	Primary Caregiver / Emergency Contact / Allowed to collect
Custodial Statement	
Are there any custodial arrangements concerning your child?	Yes / No *Please provide details (a copy of any court order is required)

Required Information for Licensing Purposes				
<p>Excursions: I DO/DO NOT (please circle) give permission for my child to take part in spontaneous and regular excursions (under the conditions stated in the service's excursions policy). These excursions will be by foot to local areas such as; Te Papapa School, Fergusson Domain and Paihia Reserve. Adult to child ratio is 1:5 at least two adults will always be present on the excursion and at Te Papapa Preschool. I DO/DO NOT (please circle) give permission for my child to use the centre vehicle for spontaneous and regular excursions in compliance with NZ Transport Agency's road user rules 2004 and amendments 2013 child restraint laws.</p>				
<p>Vehicle pick up/drop off: I DO/DO NOT (please circle) give permission for my child to be picked up and dropped off to and from Te Papapa Preschool in compliance with NZ Transport Agency's road user rules 2004 and amendments 2013 child restraint laws. I DO/DO NOT (please circle) Have an approved car seat.</p>				
<p>Photo/video: I DO/DO NOT (please circle) give permission for my child to be photographed for the purposes of assessment, planning and evaluation. I DO/DO NOT (please circle) give permission for my child's photos/videos to be used for advertising purposes such as newsletters and brochures and MAY/MAY NOT be uploaded to internet sites such as our Facebook page and website.</p>				
Additional Information				
<p>Policy Statement: Te Papapa Preschool 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. 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.</p>				
<p>Parent Information Book: Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the Preschool.</p>				
<p>Child's strengths, interests and preferences: Please feel welcome to meet with our centre manager or teaching team to tell us about your child's strengths, interests, preferences and to set learning goals together. All family/whanau are encouraged to join us and share their knowledge.</p>				
<p>Transitional School Visits (Timata Te Kura): We regularly visit Te Papapa Primary School and other Primary Schools in the area to ensure a smooth transition process.</p>				
<p>Nappy and toileting: At Te Papapa Preschool we value sustainability and use cloth nappies that are provided by us. Please refer to our nappy changing policy for more information, also feel free to consult with our centre manager or teaching team.</p>				
<p>Tooth brushing: I DO/DO NOT (please circle) give permission for my child to participate in the tooth brushing programme at Te Papapa Preschool in partnership with the NZ Dental Association.</p>				
Medicine				
Category (i) Medicines				
<p>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.</p>				
Do you approve category (i) medicines to be used on your child?	<i>Tick One</i>	Yes	No	
Category (ii) Medicines				
<p>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.</p>				
<p>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. YES/NO</p>				
Category (iii) Medicines				
<p>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.</p>				
For staff: Individual health plan sighted and a copy taken:	<i>Tick One:</i>	Yes	No	
Name of medicine:				
Method and dose of medicine:				
When does the medicine need to be taken: (State time or specific symptoms)				

Timetable						
Date of Enrolment						
Preferred Start Date						
Date of Exit						
Please Note:	20 Hours ECE if 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					
Preferred Days	Monday	Tuesday	Wednesday	Thursday	Friday	
Preferred Hours						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:

Dual Enrolment Declaration	
<p>I hereby declare that my child is/is not (please circle) enrolled at another early childhood institution at the same times that he/she is enrolled at Te Papapa Preschool.</p> <p>Parent/Guardian Signature: _____ Date: ____ / ____ / ____</p>	
<p align="center">Te Papapa Preschool does not have an optional charge. You will be informed upon enrolment of any fee/s . Te Papapa Preschool is closed on ALL Public Holidays</p>	
Parent Declaration	
<p>I declare that all the above information is true and correct to the best of my knowledge</p> <p>Parent/Guardian Signature: _____ Date: ____ / ____ / ____</p>	
Service Declaration	
<p>On behalf of Te Papapa Preschool I declare that all the above information has been checked and all relevant sections completed.</p> <p>Service Provider Signature: _____ Date: ____ / ____ / ____</p>	

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.

Your 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

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 in-

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

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

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

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

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Change of Days/Times of Enrolment:						
Effective Date of Change: / /						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____				Date: ____ / ____ / ____		

Change of Days/Times of Enrolment:						
Effective Date of Change: / /						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____				Date: ____ / ____ / ____		

Change of Days/Times of Enrolment:						
Effective Date of Change: / /						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____				Date: ____ / ____ / ____		

Change of Days/Times of Enrolment:						
Effective Date of Change: / /						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____				Date: ____ / ____ / ____		