

<b>Child:</b>		
Child's <b>official given name:</b>	Child's <b>official surname:</b>	
Child's <b>official other names/ middle names:</b>		
Name your child is known by / preferred name:		
Child's <b>date of birth:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	NSN (Office use):
Child's <b>primary residential address:</b> _____ _____ Post code: _____		
Ethnic origin:	Iwi your child belongs to:	
Languages spoken at home:		
Cultural or religious beliefs or practices you would like us to know about:		
Sibling names and ages:		
<b>Official identification document/s</b> sighted by staff: <input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Other _____ <b>Staff Initials</b> _____ <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport		

<b>Course title:</b> _____	<b>Course duration:</b> _____
<b>(Select one)</b> Toi Ohomai Staff. <input type="checkbox"/> Toi Ohomai Student. <input type="checkbox"/> School for Young Parents. <input type="checkbox"/> Community. <input type="checkbox"/> Waikato Student / Staff <input type="checkbox"/> Other. <input type="checkbox"/> Name of provider: _____	

<b>Parents / Guardians:</b>	
First Names:	First Names:
Surname:	Surname:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Mobile:	Mobile:
Phone (Home):      Work:	Phone (Home):      Work:
Occupation/skills:	Occupation/skills:
Email:	Email:

<b>Emergency Contacts: (Other than above, one MUST be from the local Tauranga area)</b> Also able to pick up child	
First Name:	First Name:
Surname:	Surname:
Relationship to child	Relationship to child
Address:	Address:
Post Code:	Post Code:
Mobile:	Mobile:
Phone (Home):      Work:	Phone (Home):      Work:

Person/s who can pick up your child other than those listed under emergency contacts:	
First Names:	First Names:
Surname:	Surname:
Relationship to the child/family	Relationship to the child/family
Address:	Address:
Post Code:	Post Code:
Mobile:	Mobile:
Phone (Home): Work:	Phone (Home): Work:

Custodial Statement	
Are there any custodial arrangements concerning your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Person/s who <b>cannot</b> pick up your child: <b>Please note: if you are naming the Father or Mother of the child we cannot prevent them from collecting or visiting unless we have a custody order on file.</b>	
Name:	Name:
Relationship to the child:	Relationship to the child:

Enrolment Details: Office use only						
Date of Enrolment:	Date of Entry:			Date of Exit:		
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:
<b>Parent/Guardian Signature: _____</b> <b>Date: ____/____/____</b>						

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?	<div> <div>Tick One</div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> </div>
Is your child receiving 20 Hours ECE at any other services?	<div> <div>Tick One</div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> </div>
If yes to either or both of the above, please sign to confirm that:	
<p><i>Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</i></p> <p><i>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.</i></p> <p><i>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.</i></p>	
<b>Parent/Guardian Signature: _____</b> <b>Date: ____/____/____</b>	

Dual Enrolment Declaration	
I hereby declare that my child <b>is / is not</b> enrolled at another early childhood institution at the same time that <b>he / she</b> is enrolled at Toi Ohomai Childcare Centre.	
<b>Parent/Guardian Signature: _____</b> <b>Date: ____/____/____</b>	

Health			
Child's Doctor	Medical Centre	Phone Number:	
Does your child have any Illness/allergies/Reaction to food or medication:			
Is your child immunised	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child up-to-date with immunisations?	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please <b>attach</b> verification or a copy of immunisation certificate)			
<b>Immunisations record sighted and details recorded: (Office Use)</b>	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medicine	
<b>Category (i) Medicines</b>	
A category (i) medicine is a non-prescription preparation (such as arnica cream for bruising, calendula for minor grazes, Stingose for 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. Sun screen is also applied daily as required during the summer months (with a baby sun sense screen for children in the infant and toddler centre)	
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
<ul style="list-style-type: none"> <li>Arnica-NaturoPharm (for bruising) Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Calendula-NaturoPharm (for minor grazes) Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Zinc/Castor oil cream (Brand M &amp; C) if required after nappy change. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>Stingose (insect bites and stings) Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Sun Screen: Sungard 50+, Cancer Society Kids Pure 50+, or Everyday 50+ Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>
Parent/Guardian Sign: _____ Date: _____	
<b>Category (ii) Medicines</b>	
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 Sign _____	Date: _____
<b>Category (iii) Medicines</b>	
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 an individual health plan?	Tick One: Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes Name of Medicine:	Method and dose of medicine:
When does medicine need to be taken: ( <i>Time or specific symptoms</i> )	
For staff: Individual health plan sighted, copy taken	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Parent/Guardian Sign: _____ Date: _____

## Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks. We are open reduced hours 8.30-4.30 during school term breaks and close for four weeks over the Christmas period.

There are 2 teacher Only Days during the year, one at the beginning and one at the end of the year. No fees are charged.

Toi Ohomai Childcare Centre is closed on the following public holidays if they fall on a weekday. No fees are charged.

- New Year's Day
- Day after New Year's Day
- Auckland Anniversary
- Waitangi Day
- Good Friday
- Easter Monday
- Easter Tuesday
- Anzac Day
- King's Birthday
- Matariki
- Labour Day
- Christmas Day
- Boxing Day

## Enrolment Agreement with Toi Ohomai Childcare Centre

I have read and understand the Toi Ohomai Childcare Centre Enrolment Policy.

I agree to notify the Centre of changes to any information recorded on this enrolment form.

I understand that once I state a "start date" the days and times approved are for my child only and that fees are owed from that point. Also that fees are due for any days that my child is absent.

**I agree to bring and collect my child at the time specified so that the Centre can maintain staff/child ratios and understand penalty fees will be charged if I exceed these times. I understand the Centre closes at 5pm and I will be charged a late fee of \$25 per quarter hour when booked times are exceeded**

**I understand at least 1 week prior notice is required to make changes to my child's booked hours.**

I will notify the Centre in writing if anyone, other than those listed, will pick up my child from the Centre and I understand my child must be kept in the Centre until such permission is given.

I have read and understand the Toi Ohomai Childcare Centre Payment of Fees Policy.

I agree to accept all WINZ responsibilities and that I pay in full any amounts not paid by them for this service.

I am aware that if I do not pay in accordance with the Centre Fee policy, that my account will be placed with a debt collection agency. The Finance Department at Toi Ohomai Institute of Technology can use any person named on this document for the purpose of recovery of any outstanding debts, these persons are able to disclose my address and phone number.

**I agree to bring my child to the centre only if he/she is well.** Diarrhoea and vomiting illnesses are very contagious. The centre requires, as recommended by the Ministry of Health, that the child is **free of symptoms for 48 hours** before returning to the centre.

I understand **no** photos or videos are to be taken in the Centres without Head Teachers permission. Children's privacy must be protected, No photos are to be posted on any social media sites eg, Facebook, Snapchat or Instagram

By enrolling my child, I agree to them being involved with the use of Information Communication Technology (ICT) as part of the learning environment. Children's learning and assessment is recorded in an online digital format (Storypark) and I understand that my child's image may appear in other children's / group learning stories.

Within the Centre's programme the children are regularly observed. In conjunction with Early Childhood Training providers, we assist with taking their students on practical placements. I give my permission for Students to undertake written observations, which do not identify my child, as part of their training.

Yes ☐ No ☐

I give permission for teachers to keep examples of my child's record of learning as evidence of their teaching practice for teacher registration purposes.

Yes ☐ No ☐

Photograph/video material: I give consent for my child's image to be used in Toi Ohomai Institute of Technology promotional and marketing use, including press advertisements, websites, posters and any other forms of advertising.

Yes ☐ No ☐

I give my consent for my child/children to be taken on regular excursions around the Toi Ohomai Institute of Technology Campus, Seed Patch garden behind Tui Centre, Greerton Marist rugby fields and the bush area across the road from the centre. I have read and understand the risk assessments for these regular excursions. Adult/child ratios for regular excursions will always be 1:3 for under 2s, 1:5 for 2-3 years, & 1:8 for over 3s. For special excursions teachers will provide you with a detailed letter requesting signed permission to take the child on the excursion.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that if I have any complaints regarding services I will direct these to the staff member concerned and then to the appropriate Manager.	
I understand that in the event of a civil disaster my child may be taken to an alternative safe location and will be looked after to the best of the centres ability, until they can be collected.	
I have read and understood the Ministry of Health: Reducing food-related choking for babies and young children at early learning services.	
<b>Parent/Guardian Signature:</b> _____ <b>Date:</b> ____ / ____ / ____	

**THIS ENROLMENT CANNOT BE PROCESSED UNTIL ALL SECTIONS ARE SIGNED & COMPLETED.**

**Privacy Statement:** All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).

Additionally, all Privacy statements must include the exact wording below:

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.

\* 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

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

**Parent Information:** Please ensure you have read the information attached as it covers such things as policies, fee details, subsidies that are available to you.

**Policy Statement:** Toi Ohomai Childcare 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. 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 into policy review.

**Parent Declaration**

I declare that all the above information is true and correct to the best of my knowledge

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

**Service Declaration (Office Use Only) Processing officer to complete**

On behalf of Toi Ohomai Childcare Centre, I declare that this form has been checked and all relevant sections have been completed.

**Service Provider Signature** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_