



Enrolment Agreement

Tamaiti (Child's) Details	
Tamaiti official surname or whaanau name:	
Tamaiti official given name :	
Tamaiti official other names / middle names : (please separate names with a comma)	
Name your tamaiti is known by / preferred name:	Surname / Whaanau name:
	Given name/s:
Tamaiti date of birth: ____/____/____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Official identification document/s sighted by staff:	
<input type="checkbox"/> New Zealand Birth Certificate	<input type="checkbox"/> New Zealand Passport
<input type="checkbox"/> Foreign Birth Certificate	<input type="checkbox"/> Foreign Passport
<input type="checkbox"/> Other _____	
Identification Number: _____	Staff Initials: _____
Tamaiti ethnic origin/s:	Iwi your tamaiti belongs to:
Language/s spoken at home:	
Tamaiti primary residential address:	
Post Code:	

Privacy Statement:

Personal information about your tamaiti 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 tamaiti, and
- To allow the Minister of 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 tamaiti within the education system. You can find more information about National Student Numbers and what they are used for at

<https://www.nzqa.govt.nz/login/national-student-number-nsn/>

Parents / Guardians / Whaanau:	
1. Given Names:	2. Given Names:
Surname / whaanau name:	Surname / whaanau name:
Address: Post code:	Address: Post code:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Email:	Email:
Relationship to tamaiti:	Relationship to tamaiti:

Emergency contact person/s who can pick up your tamaiti in the event we cannot contact you:	
Given Names:	Given Names:
Surname / whaanau name:	Surname / whaanau name:
Address: Post code:	Address: Post code:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Relationship to tamaiti:	Relationship to tamaiti:

Custodial Statement	
Are there any custodial arrangements concerning your tamaiti?	
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Person/s who <u>cannot</u> pick up your tamaiti:	
Given Name:	Whaanau Name:
Given Name:	Whaanau Name:

Additional Contacts (also able to pick up tamaiti):	
1. Given Names:	2. Given Names:
Surname / whaanau name:	Surname / whaanau name:
Address: Post code:	Address: Post code:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Email:	Email:
Relationship to tamaiti:	Relationship to tamaiti:

Tamaiti doctor:	
Name:	Phone:
Name of Medical Centre:	

Health	
Illness / allergies / Dietary Concerns:	
Is your tamaiti up to date with immunisations?	<i>Tick one</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick one</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

Medicine		
Category (i) Medicines		
<p>A category (i) medicine is a non-prescription (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> <p>Note: the service must provide specific information about the category (i) preparations that will be used.</p>		
Do you approve category (i) medicines to be used on your tamaiti? <i>Tick one</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name/s of specific category (i) medicines that can be used on my tamaiti:		
Arnica	Bepanthen Cream	Sunscreen (brands – Ultra or Sungard both SPF 50)
Zinc and Caster Oil Cream	Antiseptic – Dettol	Anthisan Topical Antihistamine Cream
Whaanau / Guardian Signature:		Date:

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 tamaiti 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.</p>	
Whaanau / Guardian Signature:	Date:

Category (iii) Medicines	
<p>To be filled in if your tamaiti requires 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 tamaiti only.</p>	
For staff: Individual health plan sighted, and a copy taken: <i>Tick one</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (state time or specific symptoms)	

Whannau / Guardian Signature:	Date:
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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 tamaiti 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:	
1. Is your tamaiti receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?	
<i>Tick one</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your tamaiti receiving 20 Hours ECE at any other service? <i>Tick One</i>	
<i>Yes</i>	<input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> ▪ Your tamaiti does not receive more than 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 tamaiti 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 tamaiti is enrolled at, about the information contained in this box. 	
Whaanau / Guardian Signature:	
Date:	

Dual Enrolment Declaration

I hereby declare that my child **is / is not** enrolled at another early childhood institution at the same times that he / she is enrolled at The Forest ECE Ltd.

Wahaanau / Guardian Signature:

Date:

Statutory Holidays / Term Breaks

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

Our centre charges a 50% fee for the days that the service is closed (Statutory Holidays only).

Enrolment Information:

Booking Fee

A once-only \$150.00 fee will be payable on confirmation of enrolment. This fee is an administration fee and does not go toward attendance fees, it is non-refundable.

Payment of Fees

Payment is due on invoice. Please set up an automatic payment for this. If it becomes necessary to refer your account to debt collection you will be liable for any debt collection costs.

Holiday Policy

Although we do not shut over the Christmas and New Year period, we understand that many families are able to take a break at this time and offer you two weeks fee-free. Dates are confirmed by October each year. Statutory holiday dates (outside the closedown period) will be half charge. Please see the office for confirmation. All holidays outside of this time will be charged at your normal fee.

Illnesses

Will be charged at your normal day rate.

Permanently leaving The Forest ECE

Two weeks' notice is required of intention to withdraw your tamaiti from the centre, or normal payment of fees for this time. If your tamaiti is absent for three weeks, enrolment is automatically cancelled unless we have been notified and in agreement with the prolonged absence. Note: if a tamaiti does not attend the centre for 21 consecutive days, then all funding from the Ministry of Education ends and full centre fees will be charged for continued absence.

WINZ subsidies

In the event of delay in payment of your subsidy, or suspension, you must pay full fees until notification of payment is received by the centre from WINZ. At this time, subsidy will be credited to your account.

ECE Hours

The Forest works with the government to provide up to 20 subsidised hours for tamariki from their third birthday. Please see the Fees and Charges information on the noticeboards or the website to clarify the structure of these hours.

Permissions (Please tick yes or no):

Photographs

Do you give permission for your tamaiti photo to be taken and displayed in the centre for centre related documentation (e.g., profile books/programme planning/displays). YES NO

Social Media (PUBLIC)

Observations will be done on your tamaiti to complete their portfolios, and photographs taken. Sometimes these photographs may be used on the Centre's website, Facebook site or newsletters, with your permission.

YES NO

Social Media (PRIVATE)

We put all the photos of our days into a private Facebook forum that is solely for immediate caregivers. To

maintain everyone's privacy, we are unable to accept friend requests from extended whaanau, but we invite you 'friend request' us if you would like us to include the photos that are taken that include your tamaiti on this page So that you can enjoy their daily adventures! The page is <https://www.facebook.com/forestwhanau>

YES NO

Kaiako in Training

On occasion your kaiako will be supporting a kaiako who is training. With your permission, these kaiako may wish to include your tamaiti photograph in their assignments. These assignments are viewed only by their tutors, and your tamaiti will not be named.

YES NO

Medical Care

In the event of emergency, staff will take all actions necessary to safeguard your tamaiti wellbeing and administer treatment of any illness/injury through the necessary channels, e.g.: calling an ambulance if required. I agree that this will be at the whaanau expense.

YES NO

B4 School Hearing and Vision Checks

Vision and Hearing technicians will visit our centre to check the hearing and vision of four-year-old tamariki who have not been seen for the above checks or require re-checks from a previous visit. Your tamaiti name, date of birth and National Health Index (NHI) number will be recorded by the technician and stored in the B4 School Check national information system, along with the results of the check. I consent to my tamaiti taking part in the B4 School Hearing and Vision Checks.

YES NO

Ngahere (Forest)/Farm Hikoi and Excursions

Tamariki will be taken on excursions outside the centre to the forest with the appropriate kaiako/tamaiti ratio (which will be at least the same as the ratio maintained whilst attending the Centre 1:7 over twos, and the whaanau permission.

YES NO

Travel Permission

In signing this enrolment form, I give permission for my child to travel with the Centre staff or adults authorized by the Manager in a motor vehicle while in the care of the Centre. Such travel may be arranged for centre excursions, emergency medical assistance, transport to/from school or home: This written permission from whaanau, in advance, is required by Regulation 27 (1) of the Education (Early Childhood Centre) Regulations 2008.

YES NO

Parent Declaration

I confirm that by signing this enrolment, I have read and understood the Ministry of Health and Ministry of Education Pamphlet entitled 'Reducing food-related choking for babies and young children at early learning services.'

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

Whaanau / Guardian Signature:

Date:

Service Declaration (Office Use Only)

On behalf of The Forest ECE, I declare that this form has been checked and all the relevant sections have been completed.

Signature:

Date:



All About Me – for my Forest Kaiako.

We place the utmost value and importance on the knowledge you bring as your child's first teacher. Please support us in getting to know you, your whānau and your child better by filling out the questions that are applicable to you and your child. This enables us to provide your child with the best care and learning experiences possible and ensure they quickly develop a sense of belonging here as they embark on their Forest learning journey.

My name is

Sometimes I am called

My date of birth is

My whānau/family and special people in my life are

Any other information about my whānau/family

My pets names are

My whenua/country of origin is

I live in (if different from above)

The languages I know are

My family's special celebrations/rituals include

I am allergic to

Foods I like are

I don't really like

At the moment my main interests/favourite things to do/favourite places to go are

Things that comfort me when I am feeling a little sad are

My favourite songs to sing are

My favourite stories to read are

My favourite comfort object (comfort toy) is

At the moment I am really good at, and my strengths are

At the moment I need some support with

I'm kind of scared of

My parents/whānau aspirations for me are? (examples might be, increased social competence, making good friends, being happy, resilience, numeracy, Literacy, speech and language development)

Any other information that may be important for my Kaiako to know

My routine at home (if applicable)

I have _____ (number) sleeps at _____ (time)

I sleep on my _____ (position) with _____

I am/am not toilet trained