



EARLY CHILDHOOD CENTRE

### Child's Details

Child's official surname or family name:

Child's official given name:

Child's other names/middle names (please separate names with a comma):

Name your child is known by/preferred name:

Surname/family name:

Given names:

Copy of official identity verification document\* collected by staff:

New Zealand birth certificate  
  Foreign birth certificate  
  New Zealand passport  
  Foreign passport  
 Other: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Child's date of birth: d d / m m / y y y y

Male  Female 

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post code:

### Parents/Guardians

1. Given names:

2. Given names:

Surname/family name:

Surname/family name:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Relationship to child:

Relationship to child:

Occupation:

Occupation:

### Person responsible for account:

Name:

Date of Birth:

Signature:

If you would like invoices to be emailed, please indicate which email address accounts should be sent to, (if you would prefer paper copies of invoices, please leave blank. \_\_\_\_\_)

### Emergency Contacts (to be contacted in an emergency when parents/guardians cannot be reached):

1. Name:

2. Name:

Relationship to child:

Relationship to child:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

### Additional person/s who can pick up your child:

1. Name:	2. Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

### 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 any court order is required)


### Person/s who cannot pick up your child:

Name:	Name:
Relationship to child:	Relationship to child:

### Permissions:

Please indicate below whether you give permission for your child to:

Attend small local walks with an adult to child ratio of:

One adult to 2 children (0-2 yr olds)

One adult to 4 children (2-5 yr olds)

Yes  No

Have their vision/hearing tested when specialists visit

Yes  No

Be taken to the Medical Centre in the case of an emergency  
(parents to reimburse any costs incurred)

Yes  No

Be photographed by Pennylane team members

Yes  No

Be included in any photos on the Pennylane website and Facebook page

Yes  No

Have sunblock applied by Pennylane staff

Yes  No

Have their hair checked for head lice by a Pennylane teacher when outbreaks occur

Yes  No

### Child's Doctor:

Name:	Phone:
Name of medical centre:	

### Health:

#### Immunisations:

Is your child up-to-date with immunisations?

(Please provide verification of all immunisations)

Tick One Yes  No

#### Food Allergies:

Does your child have specific food requirements?

Yes  No

If yes, please complete an **Individual Health Plan**

### 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?

Tick One Yes  No

Name/s of specific category (i) medicines that can be used on my child:

- Arnica                       Sunblock  
 Antiseptic Liquid  
 Bonjela

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

### 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.

Name of medicine:

Method and dose of medicine:

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

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

### Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Pennylane Early Childhood Centre.

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

### Enrolment Details

Child's Age at Entry:

Date of Entry:

Date of Enrolment:

Date of Exit:

Please Note: 20 Hours ECE is up for 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	
Times Enrolled:						Total Hours:

For 20 hours ECE (3-5 year olds only) fill out boxes below with hours attested e.g. 6 hours

20 hours ECE at this service <b>(3-5 year olds only)</b>						Total Hours:
20 Hours ECE at another service <b>(3-5 year olds only)</b>						Total Hours:

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

**20 Hours ECE Attestation - PLEASE ONLY COMPLETE THE FOLLOWING SECTION IF YOUR CHILD IS USING 20 HOURS ECE (ONLY 3-5 YEAR OLDS). IF NOT, PLEASE LEAVE THIS SECTION BLANK.**

1. 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

2. 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 to make decisions about your child's eligibility for 20 hours ECE
- You consent to Pennylane Early Childhood Centre 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: \_\_\_ / \_\_\_ / \_\_\_

### Statutory Holidays/Term Breaks

- The enrolment agreement is inclusive of school term breaks
- The centre will be closed on New Zealand public holidays
- Fees will be charged on statutory holidays
- Fees will be charged for any unavoidable closures of 2 days or less (e.g earthquake, snow etc). Any closure longer than this will not be charged
- No fees will be charged if the centre is closed over the Christmas period
- Where a child is absent for a consecutive period of 1 week or more (outside of the Christmas holiday period) a holding fee of 50% of the child's normal weekly fee is payable provided that at least 2 weeks notice is given of the absence. Each child is entitled to up to 3 weeks per year at this reduced rate.

### Parent Declaration

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

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

#### OFFICE USE ONLY

Parent has been given the following information on enrolment:

- Enrolment form
- Fees schedule
- Parent Handbook
- Immunisation Booklet sighted and copied
- Individual health plan completed
- Identification document sighted and copied

#### Booking Confirmation

Booking Confirmed (Centre Manager Signature): .....

Date: .....

### Service Declaration

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

Service Provider Signature: \_\_\_\_\_

#### Privacy statement:

We are collecting personal information on this enrolment form for the purposes 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 request correction of 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: [eli.education.govt.nz](http://eli.education.govt.nz)

\*Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://eli.education.govt.nz). The ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.