

ENROLMENT AGREEMENT FORM



CHILD'S DETAILS

Child's official surname or family name			
Child's official given name			
Child's official other names/middle names			
Name your child is known by/preferred name			
Date of Birth	Iwi your child belongs to	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's ethnic origin/s	Languages spoken		
Child's Primary Residential Address			
<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			
Staff: Copy of official identity verification document collected?		Staff Initials	

PARENT/ GUARDIAN'S DETAILS

1. Given name	2. Given name
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

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN - MUST BE ABLE TO PICK UP CHILD)

1. Given name	2. Given name
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

ADDITIONAL PEOPLE WHO CAN PICK UP YOUR CHILD

Name	Name
Phone (Home)	Phone (Home)
Phone (Work/Mobile)	Phone (Work/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)

PERSONS WHO CANNOT PICK UP YOUR CHILD

Name	Name
Name	Name

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

Attend small local walks maintaining adult child ratios – refer to Excursion Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have hearing, vision and other tests performed by qualified professionals.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Be taken to the Medical Centre in case of an emergency.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Be photographed or videoed by our Centre staff, students and other parents for:	
• Promotional or Educational purposes	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Planning / Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Study	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Facebook Page	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Website	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Newsletters	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Notices	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Newspaper Articles	Yes <input type="checkbox"/> No <input type="checkbox"/>
Participate in ICT as part of their learning environment - refer ICT Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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:
Times enrolled:						

ATTESTED ECE HOURS (for 20 hours ECE fill out the boxes below with the hours attested e.g. 6 hours)

20 Hours ECE at Bloom						
20 Hours ECE at another service						
Parent/Guardian signature	Date					

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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child receiving 20 Hours ECE at any other services?	Yes <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 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 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 box.	
Parent/Guardian signature	Date

DUAL ENROLMENT

I hereby declare that my child is NOT enrolled at another Early Childhood Institution at the same times that he/she is enrolled at Bloom Early Learning & Play.	
Parent/Guardian signature	Date

STATUTORY HOLIDAYS/TERMS BREAKS

This enrolment agreement is inclusive of all school term breaks
Bloom is closed on all Statutory Holidays only. Please talk to the Centre Administrator for more details.

PAYMENT DETAILS (Account issued in the name of)

Parent/Guardian 1 <input type="checkbox"/>	Parent/Guardian 2 <input type="checkbox"/>	Other <input type="checkbox"/> (if other, please complete your details below)
Other - Given Name		Other - Surname
Other - Address		Other - Email
Other - Phone (Home)		Other - Phone (Work/Mobile)
Other - Relationship to Child		

TERMS & CONDITIONS

<ul style="list-style-type: none">» Policy Statement: Bloom Early Learning & Play 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.» Health & Safety: Bloom is committed to ensuring the health and wellbeing of everyone within our Centre. Parents have an obligation to follow all Health & Safety guidelines provided by Bloom including keeping non-enrolled children with them at all times while in our Centre for their own protection and safety.» Parent Information Book: Please ensure you have read the parent handbook as it covers important information directly related to your child's enrolment.» Privacy Statement: All personal information on your child will be kept securely and be used solely for the purposes it was collected for. Any changes to the information disclosed must be verified» Child's strengths, & interests: Home and Centre connection is very important. Please take the time to update the teachers about your child's unique interests, abilities and preferences. You're feedback is appreciated.» Transitional School Visits/Referrals: Please discuss this option directly with management.» Promotional Material / Social Media: I understand that photographs and videos displayed on Bloom's website and social media pages will be available on the worldwide web. Although Bloom has procedures in place for moderation of social media we cannot control all aspects of these forums.» Fee Agreement: In signing this Enrolment Agreement Form I agree to pay the fees in line with the Fee Schedule and Fee Policy that is current at the time.» Daily Arrival / Departure: I agree that when arriving/departing from Bloom, I will park in the designated area, escort my child safely to/from the building and sign my child in/out. I understand that all children must travel to and from Bloom in a child's car seat or restraint in accordance with Traffic Regulations.

PARENT/CAREGIVER DECLARATION

I declare that all information given in this Enrolment Agreement Form is true and correct to the best of my knowledge. Should any of these details change I will inform Bloom as soon as possible.	
Parent/Guardian signature	Date

SERVICE DECLARATION - STAFF TO COMPLETE

On behalf of Bloom Early Learning & Play, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider signature	Date

HEALTH

Illness and allergies: (please provide details)

Is your child up-to-date with immunisations? (Please provide verification of all immunisations)

Yes No

Staff: Immunisation records sighted and details recorded?

Yes No

CHILD'S DOCTOR

Doctor's Name

Phone

Name of Medical Centre

MEDICINE

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.

Note: The service must provide specific information about the category (i) preparations that will be used.

Do you approve category (i) medicines to be used on your child?

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

1.

3.

2.

4.

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

Staff: Individual health plan sighted and a copy taken

Yes No