

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

Course title: _____	Course duration: _____
(Select one) 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: _____	

Parents / Guardians:	
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:

Emergency Contacts: (Other than above, one MUST be from the local Tauranga area)	
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 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: 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.**

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

Enrolment Details:

Date of Enrolment:	Date of Entry:	Date of Exit:				
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:

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.

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:

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? *Select One* Yes No

Is your child receiving 20 Hours ECE at any other services? *Select 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 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 Declaration

I hereby declare that my child **is / is not** enrolled at another early childhood institution at the same time that **he / she** is enrolled at Toi Ohomai Childcare Centre.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

Health			
Child's Doctor	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 attach verification or a copy of immunisation certificate)			
Immunisations record sighted and details recorded: (Office Use)	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medicine			
Category (i) Medicines			
A category (i) medicine is a non-prescription preparation (such as arnica cream for bruising, calendula for minor grazes, Urtica 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, provided by service:			
<ul style="list-style-type: none"> ▪ Arnica (for bruising) Yes <input type="checkbox"/> No <input type="checkbox"/> 		<ul style="list-style-type: none"> ▪ Urtica (for insect bite treatment) Yes <input type="checkbox"/> No <input type="checkbox"/> 	
<ul style="list-style-type: none"> ▪ Calendula (for minor grazes) Yes <input type="checkbox"/> No <input type="checkbox"/> 		<ul style="list-style-type: none"> ▪ Sun Screen Yes <input type="checkbox"/> No <input type="checkbox"/> 	
<ul style="list-style-type: none"> ▪ Zinc/Castor oil cream used as required after nappy change. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	Parent/Guardian Sign: _____ Date: ___/___/___		
Category (iii) Medicines			
Children require an individual health plan if they require medication for an on-going condition such as asthma or eczema etc.			
Does your child require an individual health plan? If Yes, teachers will follow up to develop this plan with you	Tick One:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent/Guardian Sign: _____ Date: ___/___/___			

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 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.	

Privacy Statement: All personal information on your child will be kept securely and remain confidential.
 Any changes to this form **must** be signed and dated by the parent/guardian.

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 supervised walks around the Toi Ohomai Institute of Technology and local area without any specific permission. Adult/child ratios for spontaneous outings will always be maintained at or above the minimum regulated ratios. For planned excursions teachers will provide you with a detailed letter requesting signed permission to take the child on the outing. Yes No

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.

Parent/Guardian Signature: _____ **Date:** ____/____/____

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

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

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: www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents. The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

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:** ____/____/____