



Administration Records	Enrolment Agreement Form	The Secret Garden Preschool
◆ Child's details:		
Child's official surname or family name :		
Child's official given name :		
Child's official other names / middle names : (please separate names with a comma):		
Name your child is known by / preferred name: Surname / family name: Given name:		
Official identity verification document* sighted by staff: ☐ New Zealand birth certificate ☐ New Zealand passport ☐ Other ☐ Foreign birth certificate ☐ Foreign passport Staff initials: _____ Date: _____		
Child's date of birth: d d / m m / y y y y M ☐ F ☐ X ☐		
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
Child's primary residential address: _____ _____ Post Code:		
◆ 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:		

Any changes to this form **must** be signed and dated by the parent/guardian.

- 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.

The Secret Garden Preschool collects and holds personal information about children and their parents/guardians to provide education and care, support health, safety and wellbeing, plan and assess learning, manage enrolments and attendance, communicate with whānau, administer fees and funding, and meet our legal and licensing responsibilities.

Some information is required for these purposes, while other information may be optional. We will make this clear where applicable.

Personal information may be shared where required or permitted by law, or where necessary to support your child's education, care, health, safety or wellbeing. We take reasonable steps to keep personal information secure and prevent unauthorised access or disclosure.

Where information is collected from someone other than you, we will meet our obligations under the Privacy Act 2020, including Information Privacy Principle 3A where applicable.

Parents/guardians may request access to, or correction of, personal information we hold about their child. Please contact the Manager with any privacy enquiries or requests.

♦ Parents / Guardians:

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:

Any changes to this form **must** be signed and dated by the parent/guardian.

Code:	Post	Post Code:
Phone (Home):		Phone (Home):
Phone (Work):		Phone (Work):
Phone (Mobile):		Phone (Mobile):
Email:		Email:
Relationship to child:		Relationship to child:
3. Given names:		4. Given names:
Surname / family name:		Surname / family name:
Address:		Address:
	Post Code:	
Phone (Home):		Phone (Home):
Phone (Work):		Phone (Work):
Phone (Mobile):		Phone (Mobile):
Email:		Email:
Relationship to child:		Relationship to child:
Additional person/s who can pick up your child:		
Given names:		Given names:
Surname / family name:		Surname / family name:
Address:		Address:
	Post	
Code:		Post Code:
Phone (Home):		Phone (Home):
Phone (Work):		Phone (Work):
◆ Custodial Statement		
Are there any custodial arrangements concerning your child?		
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 child:		
Name:		Name:

Any changes to this form **must** be signed and dated by the parent/guardian.

Name:	Name:
◆ Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Code: Post	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
◆ Child's doctor:	
Name:	Phone:
Name of medical centre:	
◆ Health	
Illness/allergies:	
The Preschool would appreciate parents/caregivers providing information about their child's immunisation status and, where available, allowing us to sight their child's current immunisation record. Providing this information and allowing the record to be sighted is entirely voluntary, and parents/caregivers are under no obligation to provide or show an immunisation record.	

Any changes to this form **must** be signed and dated by the parent/guardian.

Is your child up to date with immunisations?	<i>Tick One</i>	Y	☐	N	☐
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	Y	☐	N	☐
◆ Medicine					
Category (i) Medicines					
Category (i) Medicines – Specific Period A Category (i) medicine is a prescription or non-prescription medicine used for a specific period of time to treat a specific condition or symptom. This includes medicines such as antibiotics prescribed for a short course of treatment, as well as non-prescription medicines used for a specific period. Category (i) also includes non-prescription preparations provided by the service for the first-aid treatment of minor injuries, such as arnica cream, antiseptic liquid and insect bite treatments. The Secret Garden Preschool currently uses Stingose and Anthisan for this purpose. For Category (i) medicines provided by parents, written authorisation must be provided at the beginning of the period the medicine is intended to be administered. This authorisation will be recorded on our Medication Matrix The authorisation must be renewed if the treatment period is extended or the circumstances change. Each day the medicine is administered, the parent will be asked to acknowledge this administration, and the acknowledgement will be recorded by the service.					
Do you approve category (i) medicines to be used on your child?	<i>Tick One</i>	Y	☐	N	☐
Name/s of specific category (i) medicines that can be used on my child, provided by service:					
▪ Arnica		▪ Betadine Antiseptic Ointment			
▪ Stingose or Anthisan		▪ Health E Antiseptic Liquid Spray and/or cream			
Parent/Guardian Signature: _____		Date: ____ / ____ / ____			

Category (ii) Medicines
A Category (ii) medicine is a prescription or non-prescription medicine used for the ongoing treatment of a pre-diagnosed condition, such as asthma, epilepsy, allergic reaction, diabetes or eczema. The medicine must be provided by the parent for the use of their child only.

Authorisation to administer Category (ii) medicine is provided by the parent at enrolment as part of the child's Individual Health Plan and must include:

- The name of the medicine
- The dose and method of administration
- The time or specific symptoms/circumstances when the medicine is to be given.

The authorisation must be updated whenever there is a change to your child's medication or treatment requirements. The service will also review your child's Individual Health Plan every three months, with parents asked to review the plan, acknowledge that the information remains current, and provide a new signature to confirm their authorisation.

Parents will be asked to acknowledge that their child's medication has been administered. Each administration will be recorded on the service's Medication Matrix, and parents will be required to review and sign the Medication Matrix at pick-up when Category (ii) medication has been administered.

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: ____ / ____ / ____

◆ 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	
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: ____ / ____ / ____

Any changes to this form **must** be signed and dated by the parent/guardian.

◆ 20 Hours ECE Attestation:

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?

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 times that he/she is enrolled at [insert name of service].

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

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

The Secret Garden Preschool is closed on all public holidays if they fall on a weekday (or are Mondayised). Normal fees apply for all public holidays.

Required Information for Licensing Purposes (Include options to sign and date)

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy) Excursion ratios of 1:4 will apply for all regular excursions. Please indicate below whether you give permission for your child to attend regular excursions and sign the attached Regular Excursion permission slip.

Any changes to this form **must** be signed and dated by the parent/guardian.

- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation. On occasion videos or photos may be used for advertising purposes. Please do indicate below whether you give permission for your child's images/video's to be used and in what context you permit them to be used.

- **PERMISSIONS - Please indicate below whether you give permission for your child to;**

Can Attend Walks to the reserve, I have signed the Regular Excursion form which details ratios.

☐ Yes ☐ No

Can Be Taken to Medical Centre

☐ Yes ☐ No

Can have sunscreen applied (we use Sunscreen SPF50, if your child has sensitive skin, please provide suitable sunscreen)

☐ Yes ☐ No

Can See Health Nurse

☐ Yes ☐ No

Can Use Image for Facebook

☐ Yes ☐ No

Can Use Image for Newsletters

☐ Yes ☐ No

Can Use Image for Newspaper and/or advertising

☐ Yes ☐ No

Can Use Image for Notices

☐ Yes ☐ No

Can Use Image For internal centre Planning

☐ Yes ☐ No

Can Use Image for Study

☐ Yes ☐ No

◆ Other information

- **Policy Statement:** The Secret Garden Preschool 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. **On signing this enrolment form you agree that you have read and understood our fee structure, including the charging of early drop off /late pick up charges.**
- **Parent Information Sheet:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests, and preferences:** Please tell us about your child's strengths, interests and preferences.

◆ Parent Declaration

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

- I understand my child could be observed for training purposes and understand they will not be identified by name; that the observations will be read by the trainee's commenter, and I have the right to request access to this information.
- I understand that my child will only be allowed to leave the centre with people listed on the enrolment form. If you wish for your child to leave with anyone else, this needs to be done in writing, the person will need to be older than 14 years old and will need to supply photo identification before my child is released.
- I understand that I have access to policies and procedures (located next to tablet and on Storypark). We strongly recommend that you read these, and we encourage feedback about our policies and procedures.
- I understand that I need to provide 2 weeks written notice to decrease my child's hours of enrolment and or cease enrolment.
- I understand the fees are payable 1 week in advance.
- I understand that fees are still payable when my child is absent.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Service Declaration

On behalf of The Secret Garden Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

◆ **Optional Charges:** - Please note that we do not charge optional charges (this section is N/A)

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

From time to time, The Secret Garden Preschool may offer additional experiences such as excursions, special activities or visiting performers. These experiences may involve a small optional charge to help cover the cost.

Optional charges are voluntary. You can choose whether or not your child participates in an activity involving an optional charge. Choosing not to pay an optional charge will not affect your child's access to their 20 Hours ECE entitlement.

Where an optional charge applies, parents will be informed in advance of the activity, the amount payable and what the charge covers. Your agreement to the charge will be obtained before the charge is incurred.

☐ I understand that optional charges are voluntary and agree to pay any optional charges that I specifically authorise.

Parent/Guardian Signature: _____ Date: _____

◆ **Change of Days/Times of Enrolment:**

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

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