

Rangiora High School Nursery School

◆ 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:

Surname / family name:

Given name:

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: / /

Male Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

◆ 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

Parents / Guardians:

1. Given names:

2. 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:

Relationship to child:

Relationship to child:

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

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):
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:
Name:	Name:
Additional Emergency Contacts (<u>also</u> able to pick up child):	
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):
Child's doctor:	
Name:	Phone:
Name of medical centre:	

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Health			
Illness/allergies:			
Is your child 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 photocopied and details recorded:	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medicine			
Category (i) Medicines			
A category (i) medicine is a non-prescription preparation (Nursery School uses sunblock, stingose, arnica cream and saline) 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?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 your child only.	
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)	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Where did you hear about Rangiora Nursery School? _____
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◆ Enrolment Details:

Date of Enrolment: ___ / ___ / _ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Time 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:

Other Service Provider _____

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

◆ 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?
One

Tick 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:** ___ / ___ / ___

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Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy). **YES / NO**
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation. **YES / NO** and permission for them to appear in photo/s in the newspaper, Facebook or website on occasions when publicising/promoting Nursery School **YES / NO**
- **Policy Statement:** Rangiora High School Nursery School 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.
- **Parent Information Book:** 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.
- Permission to email invoices/newsletters: **YES / NO**
- **Fees:** If my child is absent beyond 3 weeks without notification and/or medical certificate, I understand Ministry funding for Free ECE Hours will stop and I will be required to pay full fees until my child returns.
- I understand that any expenses incurred in the recovery of unpaid fees will be my responsibility and added to any outstanding payments and after 30 days of default the Nursery School may instruct their debt collection agency to list and provide information about the default as part of the credit reporting service, it will then be available to other subscribers who may ask for information about you.
- Dropping off earlier and collecting later than booked hours will incur an additional charge of \$5 per 5 minutes or part 5 minutes, unless prior arrangements have been made.

We value your involvement and support! ☺ Have you any skills, strengths, interests or occupational/work experience which might be helpful in supporting the day to day running and maintenance of Nursery School?

◆ 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

On behalf of Rangiora High School Nursery School, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date: ____ / ____ / ____

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Change of Days/Times of Enrolment:

Effective Date of Change: ____/____/____ Is your child receiving 20 Hours ECE at any other services? Y/N

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

For 20 Hours ECE fill out boxes below

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

Parent/Guardian Signature: _____

Date: ____/____/____

Change of Days/Times of Enrolment:

Effective Date of Change: ____/____/____ Is your child receiving 20 Hours ECE at any other services? Y/N

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

For 20 Hours ECE fill out boxes below

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

Parent/Guardian Signature: _____

Date: ____/____/____

Change of Days/Times of Enrolment:

Effective Date of Change: ____/____/____ Is your child receiving 20 Hours ECE at any other services? Y/N

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

For 20 Hours ECE fill out boxes below

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

Parent/Guardian Signature: _____

Date: ____/____/____

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