

**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:

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: dd / mm / yyyy

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

* 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.

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:
Occupation:	Occupation:
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:
Relationship to child:	Relationship to child:
Occupation:	Occupation:

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:

Additional Emergency Contacts (also able to pick up child):	
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:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health			
Illness/allergies:			
Is your child up-to-date with immunisations?	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please provide verification of all immunisations)			
For staff: Immunisation records sighted and details recorded:	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, 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 <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
✦ Arnica cream (bumps and bruises)	✦ combudoron gel (stings and itchy bites)
✦ hypercal cream (cuts and grazes)	✦ Anthisan (itching and inflammation)
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: ___ / ___ / ___		

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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
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 Flying Start Kindergarten.	
Parent/Guardian Signature: _____	Date: ___ / ___ / ___

Excursions and Photography

Excursions: I give permission for the child to take part in short outings and excursions (under the conditions stated in the service's excursions policy).

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

Photo/video: I give permission for the child to be photographed for the purposes of assessment, planning and evaluation.

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

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 Flying Start Kindergarten I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____

Additional Comments:
