

Little Minds ELC New Plymouth - Enrolment Form

Please complete this enrolment form, one per child, and either return it in person at the centre or via email:

adminnp@littlemindselc.co.nz

If you have any queries regarding this form please contact us on 021 190 1960.

◆ Child's details:

Child's official given name:

Child's official surname / family name:

Child's official middle name 1:

Child's official middle name 2:

Child's date of birth: d d / m m / y y y y

Male

Female

Child's primary residential address:

Post Code:

Language/s spoken at home:

Child's ethnic origin/s:

Iwi your child belongs to:

◆ Child's Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.

Official Identification document/s sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

◆ Privacy Statement:

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:

- 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 (NSN) 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 »NZQA

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.

◆ Permissions

Excursions

Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy). Please sign the Risk Analysis and Management forms for these excursions in reception. Please tick which excursions your child can or cannot attend:

- | | | | | | |
|---|-----------------|-----|--------------------------|----|--------------------------|
| 1. Walks down Barrett Road, Tiverton Crescent, Bronte Place, St Ives Grove, Kipling Drive and Bryon Place | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Walk to the local supermarket, Countdown, Corner Manadon Street & South Road, New Plymouth | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Walk to the local school, Spotswood Primary, 177 South Road, Spotswood, New Plymouth | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

I DO / DO NOT give permission for my child to go on local excursions as stated above:

Parent/Guardian Signature: _____ Date: dd / mm / yyyy

Photograph / Video Permission

Photographs and videos are used for the purposes of planning, assessment and evaluation. Children, teachers and student teachers can utilise this media to further their exploration, learning and creativity. Some of these photographs and videos may be used on our website or any other media associated with Little Minds e.g., Facebook, Instagram, Story Park e-portfolios and planning, Newsletters and Marketing/Advertising. Please tick which photograph/ video permissions you do or do allow:

- | | | | | | |
|--|-----------------|-----|--------------------------|----|--------------------------|
| 1. Little Minds ELC New Plymouth Website / Marketing | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Social Media (includes Facebook) | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Story Park e-portfolio and planning | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

I DO / DO NOT give permission for my child's photograph/video to be used for the purposes described above.

Parent/Guardian Signature: _____ Date: dd / mm / yyyy

◆ Centre Details (Little Minds Staff only to complete)

Application date: dd / mm / yyyy	NSN Number:
Estimated start date: dd / mm / yyyy	Leaving date: dd / mm / yyyy
Referred by:	Leaving reason:
Head Teacher:	Categories:

◆ Contact Details	
Parents / Guardians:	
1. Given names:	Surname name:
Phone (Mobile):	Phone (Work):
Phone (Home):	Email:
Address:	
Post Code:	
Relationship to child:	
<input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Wil Help on Trip <input type="checkbox"/> Has forbidden access	
2. Given names:	Surname name:
Phone (Mobile):	Phone (Work):
Phone (Home):	Email:
Address:	
Post Code:	
Relationship to child:	
<input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Wil Help on Trip <input type="checkbox"/> Has forbidden access	
3. Given names:	Surname name:
Phone (Mobile):	Phone (Work):
Phone (Home):	Email:
Address:	
Post Code:	
Relationship to child:	
<input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Wil Help on Trip <input type="checkbox"/> Has forbidden access	
4. Given names:	Surname name:
Phone (Mobile):	Phone (Work):
Phone (Home):	Email:
Address:	
Post Code:	
Relationship to child:	
<input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Wil Help on Trip <input type="checkbox"/> Has forbidden access	

Additional person/s who can pick up your child or Emergency Contact:		
1. Given names:	Surname name:	
Phone (Mobile):	Phone (Work):	
Phone (Home):	Email:	
Address:		
		Post Code:
Relationship to child:		
<input type="checkbox"/> Can Pick Up Child	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Wil Help on Trip
2. Given names:	Surname name:	
Phone (Mobile):	Phone (Work):	
Phone (Home):	Email:	
Address:		
		Post Code:
Relationship to child:		
<input type="checkbox"/> Can Pick Up Child	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Wil Help on Trip
3. Given names:	Surname name:	
Phone (Mobile):	Phone (Work):	
Phone (Home):	Email:	
Address:		
		Post Code:
Relationship to child:		
<input type="checkbox"/> Can Pick Up Child	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Wil Help on Trip
4. Given names:	Surname name:	
Phone (Mobile):	Phone (Work):	
Phone (Home):	Email:	
Address:		
		Post Code:
Relationship to child:		
<input type="checkbox"/> Can Pick Up Child	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Wil Help on Trip

◆ Custodial Statement

Are there any custodial arrangements concerning your child we need to know about?	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
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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:

Name:	Name:
Name:	Name:

◆ Health

Child's doctor:

Name:	Phone:
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Name of Medical Centre:

Special dietary requirements:

Is your child up-to-date with immunisations? *Tick One* Yes No

(Please provide verification of all immunisations)

Childhood diseases / diagnosis:

Allergies:

Staff only: Immunisation records sighted, and details recorded:	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
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◆ 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.

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

- | | | | | | |
|--|-----------------|-----|--------------------------|----|--------------------------|
| 1. NZ Cancer Society Sunscreen Lotion SPF50+ | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Bepanthen Antiseptic Cream | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Naturoparm Arnica | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

I DO / DO NOT approve category (i) medicines to be used on my child.

Parent/Guardian Signature: _____ Date: dd / mm / yyyy

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: dd / mm / yyyy

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 and is for the use of that child only.

Staff only: Individual health plan sighted and a copy taken: *Tick One* Yes No

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: dd / mm / yyyy

◆ Enrolment:

Enrolment Details

Date of Enrolment: ____/____/____ Date of Entry: ____/____/____ Date of Exit: ____/____/____

Please Note: 20 Hours ECE is up to six (6) 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 hours:
Times Enrolled:						

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: dd / mm / yyyy

◆ Enrolment Fee

A payment of one weeks fees in advance and a one-off administration fee of \$50.00 is required for new enrolments

See the 'Fees Information' schedule for further details.

Parent/Guardian Signature: _____ Date: dd / mm / yyyy

◆ 20 Hours ECE Attestation:

- Is your child receiving 20 Hours ECE for up to six (6) hours per day, 20 hours per week at **this service**? Tick One Yes No
- Is your child receiving 20 Hours ECE at **another service**? Tick One Yes No

If yes to either of 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: dd / mm / yyyy

◆ 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 Little Minds Early Learning Centre:

Parent/Guardian Signature: _____ Date: dd / mm / yyyy

◆ Statutory Holidays / Term Breaks

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

Little Minds Early Learning Centre will not open on any of the following public holidays:

- | | |
|---|--|
| <ul style="list-style-type: none"> • New Year's Day • Day after New Year's Day • Waitangi Day • Good Friday • Easter Monday • ANZAC Day | <ul style="list-style-type: none"> • King's Birthday • Matariki (Maori New Year) • Labour Day • Christmas Day • Boxing Day • Local Anniversary Day |
|---|--|

◆ Child's strengths, interest's and aspirations:

Please tell us about your child's strengths, interest's and preferences.

▪ **Strengths:**

▪ **Interests:**

▪ **Your aspirations for your child:**

▪ **Transitional School Visits:** See 'Transition to School' policy.

◆ **Other information**

- **Policy Statement:** Little Minds Early Learning 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 to policy review. You can find these policies located at reception.
- **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.

◆ **Parent / Guardian Declaration**

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

Parent/Guardian Signature: _____ Date: dd / mm / yyyy

◆ **Service Declaration**

On behalf of Little Minds Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Centre Manager Signature: _____ Date: dd / mm / yyyy

Please complete a new section whenever days or hours are changed during a child's enrolment.

Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Times Enrolled:						
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature:				Date: dd / mm / yyyy		
Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Times Enrolled:						
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature:				Date: dd / mm / yyyy		
Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Times Enrolled:						
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature:				Date: dd / mm / yyyy		

Any changes to this form **must** be signed and dated by the parent/guardian.
Reviewed April 2024