



# ENROLMENT FORM

## CHILD'S DETAILS

Child's **Official Surname** or **Family Name**:

Child's **Official Given Name**:

Child's **Official Other / 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:

- |  |  |
|--|--|
| <input type="checkbox"/> New Zealand Birth Certificate | <input type="checkbox"/> Foreign Birth Certificate |
| <input type="checkbox"/> New Zealand Passport          | <input type="checkbox"/> Foreign Passport          |
| <input type="checkbox"/> Other...                      |  |

**Staff Initials:** \_\_\_\_\_

Child's **Date of Birth**:

Gender:

- Male  Female

Child's ethnic origins:

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 purpose of providing early childhood education for your child.

We will use and disclose your child's information only in accordance with the Privacy Act 2020. Under that Act you have the right to access and correct 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](http://www.minedu.govt.nz/parents)

\* Information about acceptable identity verification documents is available online at:

[www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://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 / GUARDIAN DETAILS

|  |  |
|--|--|
| <p>1 - Name:</p> <p>Relationship to Child:</p> <p>Address: <i>(If different from above)</i></p><br><p>Email:</p> <p>Phone (Home):</p> <p>Phone (work):</p> <p>Phone (Mobile):</p> <p>Occupation:</p> | <p>2 - Name:</p> <p>Relationship to Child:</p> <p>Address: <i>(If different from above)</i></p><br><p>Email:</p> <p>Phone (Home):</p> <p>Phone (work):</p> <p>Phone (Mobile):</p> <p>Occupation:</p> |
| <p>3 - Name:</p> <p>Relationship to Child:</p> <p>Address: <i>(If different from above)</i></p><br><p>Email:</p> <p>Phone (Home):</p> <p>Phone (work):</p> <p>Phone (Mobile):</p>                    | <p>4 - Name:</p> <p>Relationship to Child:</p> <p>Address: <i>(If different from above)</i></p><br><p>Email:</p> <p>Phone (Home):</p> <p>Phone (work):</p> <p>Phone (Mobile):</p>                    |

**NB: Please let us know of any changes in family circumstances, employment or contact details.**

| Additional person/s who can pick up your child:  |  |
|--|--|
| <p>Name:</p> <p>Address:</p><br><p>Phone (Home):</p> <p>Phone (work):</p> <p>Phone (Mobile):</p> | <p>Name:</p> <p>Address:</p><br><p>Phone (Home):</p> <p>Phone (work):</p> <p>Phone (Mobile):</p> |



| PERMISSIONS  |  |
|--|--|
| Attend small local walks, including park reserve adjacent, maintaining adult child ratios        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 adult to 3 children (0-2 year old)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 adult to 5 children (2-5 year old)   |  |
| Have their vision /hearing tested when DHB specialist visits                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Be taken to the Medical Centre in case of emergency<br>(Parents to reimburse any costs incurred) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Be photographed by our staff, students, and/or other parents for the purpose of:                 |  |
| Planning/assessment/study  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Peekaboo Childcare Centre website, Facebook pages  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Newsletters, Notices, Newspaper articles   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Allow staff to apply sunblock  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Allow staff to check my child's hair for head lice if there is an outbreak                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### 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 court order is required):

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**Person/s who CANNOT pick up your child:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACTS (also able to pick up your child)

Please list the details of the people who are have permission to collect your child from the Centre and who may be contacted in event of an emergency. (In order of priority).  
 (Please note that your child may only be collected by persons over the age of 14 years).

**Peekaboo must be informed in writing of any other persons who will be collecting your child. We will not release the child without written permission.**

| Name | Phone | Mobile | Relationship to Child |
|------|-------|--------|-----------------------|
|      |       |        |                       |
|      |       |        |                       |



**MEDICAL DETAILS**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Is your child up to date with immunisations?  Yes  No  
 I have chosen not to have my child immunized  Yes  No  
*(Please bring in your immunisation book to be photocopied as per MoE requirements)*

**For Staff:** Immunisation record book sighted and details recorded  Yes  No

Does your child have any medical conditions or allergies, food allergies?  
*(If so, please provide details e.g: medical reaction and required treatment)*

\_\_\_\_\_

Does your child have any behavioral or developmental habits / issues we should be aware of? Are they under the care of a specialist?  Yes  No  
*(If so, please provide details)*

\_\_\_\_\_

**MEDICAL / ACCIDENT AUTHORISATION**

I authorise Peekaboo to seek medical advice, as the staff deem necessary, in my child's best interest. I give permission for my child to be attended to by a doctor or hospital staff in the event of an emergency.

I authorise Peekaboo to administer medicine given by a doctor for my child. All medication must be clearly labelled with doctor's information, pharmacy label and dosage instructions and be currently dated. This will be documented in the medicine book as required and as per our Medicine Administration Policy. Medicine must be given to a teacher and signed for. Medicine must not be left in child's bag.

If my child has a severe allergy, or requires an individual health plan, an action plan will be documented and I will ensure that the required medication is available to staff at all times and give permission for this medication to be administered in the event of an emergency.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CATEGORY (i) MEDICINES AUTHORISATION**

I authorise Peekaboo to provide 'first aid' treatment for minor injuries and use Category (i) medication, in accordance with early childhood regulation first aid kits.

Arnica  Yes  No      Antiseptic Cream  Yes  No  
 Nappy Cream  Yes  N      Other \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CATEGORY (ii) MEDICINES AUTHORISATION**

Category (ii) medicines are prescription (antibiotics, eye/ear drops etc) or non-prescription (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 Rongoā Māori (Māori plant medicines), that is provided by other adults.

I authorise Peekaboo to provide Category (ii) medication, with 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. This will be in accordance with our Medicine Policy and Health & Sickness Policy.



Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CATEGORY (iii) MEDICINES AUTHORISATION**

Category (iii) medicines is medication as part of an individual health plan, for example an on-going condition such as asthma or eczema etc and is for the use of that child only, in accordance with our Medicine Policy and Health & Sickness Policy.

**For Staff:** Individual health plan sighted and a copy taken  Yes  No

Name of Medicine \_\_\_\_\_

Method and Dose of Medicine \_\_\_\_\_

When does the Medicine need to be taken?  
(state time or specific symptom)  
\_\_\_\_\_

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 | Total Hours: |
|---------------------------------------|--------|---------|-----------|----------|--------|--------------|
| <u>7 Hour Day</u><br>8.30am – 3.30pm: |        |         |           |          |        |              |
| <u>Full Day</u><br>7.30am – 6.00pm    |        |         |           |          |        |              |

**For 20 Hours ECE please fill out boxes with hours attested (e.g. 6 hours)**

|                               |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|
| 20 Hours ECE at this service  |  |  |  |  |  |  |
| 20 Hrs ECE at another service |  |  |  |  |  |  |

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**20 HOURS ECE ATTESTATION**

Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this service?  Yes  No

Is your child receiving 20 Hours ECE at any other service?  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 the 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 form.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DUAL ENROLLMENT

I declare that my child **is / is not** enrolled in another early childhood service at the same times that he/she is enrolled at Peekaboo Childcare.

Parent / Guardian Signature:

Date:

## OPTIONAL CHARGES

1. The optional charges are for:
  - Higher child / staff ratio (Pre-School -1:7, Nursery – 1:3)
  - High level of qualified staff 80%+
  - Holidays discount
  - All meals supplied every day
  - Occasional treats
  - Sunscreen lotion, Insect Repellant
2. I understand that if I agree to pay for the optional charge Peekaboo Childcare may enforce payment.
3. The agreement to pay for the optional charge will last until my child leaves Peekaboo Childcare
4. The rules about making changes to the Agreement require two weeks' notice from either party.
5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
6. I agree/do not agree to pay the optional charges for the activities/items specified in this Enrolment Agreement form.

Parent / Guardian Signature:

Date:

## STATUTORY HOLIDAYS & TERM BREAKS

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

The Centre is open all year. During October we will ascertain care requirements during the Christmas holidays. If demand is low, we reserve the right to close or review our hours during this period, of which you will be given due notice.

Should we close the Centre, fees will not be charged. Should hours be revised for the Christmas / New Year period, fees will remain un-changed.

Please note the Centre closes at 2pm on Christmas Eve & New Year's Eve.

The Centre closes on the following Statutory Holidays:

New Year's Day, Day after New Year's Day, Auckland Anniversary Day, Waitangi Day, Good Friday, Easter Monday, ANZAC Day, Queens Birthday, Labour Day, Christmas Day, Boxing Day.

Full fees are applicable if your child is enrolled to attend on these days normally.



**PARENT DECLARATION**

**Please read and agree to the following before signing the application:**

1. I have received, read and agree to all the information as detailed in the Peekaboo Information Sheet.
2. I confirm that the child referred to in this enrolment form is not enrolled at another early childhood service for the same days and hours as they are enrolled at Peekaboo Childcare.
3. In signing this enrolment form, I agree to not bring my child to Peekaboo when they are ill and/or suffering from any condition that is contagious to others. I will notify the Centre if my child is not attending and inform the nature of the illness immediately. I have been provided with a copy of the Health & Sickness Policy on enrolment.
4. Peekaboo has a number of policies and 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 indicates that you will abide by the policies of this service and understand how you can have input to policy review.
5. I will keep Peekaboo informed as to any changes regarding my child, e.g. food, sleep, allergies, changes in home situation.
6. In signing this enrolment form I give permission for my child's named photo, video or artwork to be used for their portfolio and other documentation, displays or in-house publications, Educa, Peekaboo website, Facebook and any other marketing platform and permit their photo / video to be taken for these purposes.
7. I agree not to take photos or videos of other children at the Centre and to not post on social media any photos videos related to Peekaboo or other children.
8. Excursions out of the Centre - I authorise the Centre to take my child on short walks or spontaneous small excursions, including the natural garden at the rear of the Centre. These would be in small groups and well supervised as set out in our excursion policy. Large pre-planned trips will be notified in advance and with specific written approval.
9. In signing this enrolment form, I agree to pay the fees as detailed and will pay two weeks in advance. I understand that if I fail to do this a late penalty fee of \$30 will be charged. I agree to pay fees for enrolled days even if my child is unable to attend due to sickness, holidays or statutory holidays. I understand and accept that if any fees remain unpaid beyond the time specified in the Information Sheet, my child's enrolment may be forfeited, and the debt passed onto a collection agency. In addition, should the fee structure be changed, I agree to pay the amended fee. Should I disagree, I can withdraw my child giving two weeks' notice.
10. I agree that all persons authorized to drop off / pick up my child will ensure that the child is **signed in / out** and under supervision with a staff member before leaving the premises. The Centre is not responsible for any children in the carpark when arriving and departing. Children must be signed out before leaving the premises.
11. I understand that I have right of entry to the Centre during the hours my child attends, however right of entry may be denied, along with collection of my child if legal access is denied; I am suffering from contagious or infectious diseases that may be detrimental to the staff and other children in the opinion of the Person Responsible at the time; I am under the influence of alcohol or any other substance that may have an adverse effect on my behaviours; or are behaving in a manner that may be of danger to the staff and children. These rules also apply to any persons that are authorized to collect my child.
12. I understand the Peekaboo Childcare is only responsible for my child during their hours of enrolment.
14. I declare that all the above information is true and correct to the best of my knowledge.

Parent / Guardian Signature:

Date:

**How did you hear about Peekaboo Childcare?**

- |   |                                 |                                    |  |
|---|---------------------------------|------------------------------------|--|
| <input type="checkbox"/> Internet / Website | <input type="checkbox"/> Friend | <input type="checkbox"/> School    | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Advertising        | <input type="checkbox"/> Other. | <input type="checkbox"/> Road Sign |  |



**OFFICE USE ONLY**

| Day: | 7 Hour | All Day |   |
|------|--------|---------|---|
| MON  |        |         | <input type="checkbox"/> Immunisation Certificate<br><input type="checkbox"/> Birth Certificate / Passport<br><input type="checkbox"/> Portfolio<br><input type="checkbox"/> Name Tag<br><input type="checkbox"/> Administration Fee<br><input type="checkbox"/> Birthday Board<br><input type="checkbox"/> Hearing / Vision<br><input type="checkbox"/> Discover<br><input type="checkbox"/> Account<br><input type="checkbox"/> Wet Bag<br><input type="checkbox"/> NSN Number<br><input type="checkbox"/> Portfolio Allocation<br><input type="checkbox"/> EDUCA<br><input type="checkbox"/> Allergy List<br><input type="checkbox"/> Health & Sickness Policy |
| TUE  |        |         |   |
| WED  |        |         |   |
| THR  |        |         |   |
| FRI  |        |         |   |

**SERVICE DECLARATION**

On behalf of Peekaboo Childcare, I declare that this form has been checked and all relevant sections have been completed.

Centre Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_