



You are asked to sign multiple times and in separate places due to Ministry of Education requirements.

Child's Information

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 verification sighted collected by staff:

New Zealand Birth Certificate

Foreign Birth Certificate

New Zealand Passport

Foreign Passport

Other: _____

ID Information Checked: _____

Child's Date of Birth (dd/mm/yyyy): ____/____/____

Sex: **M** / **F** (please circle)

Child's ethnic origin/s:

Iwi your child belongs too:

Language/s spoken at home:

Child's primary residential address:

Post code: _____

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 licencing.

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

* 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 sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

Parent/Guardian Signature: _____

Date: __/__/__



Privacy Statement Continued

“At YKids we are committed to keeping children healthy and safe. On occasion, we may share or request information under section 66c of the Oranga Tamariki Act 1989 with approved agencies (such as Family Start, Strengthening Families, Medical Professionals and Education Providers) if this information will help protect or improve the safety, health and well-being of a child.

Under section 66 of the Oranga Tamariki Act 1989, legally we are required to share information with Oranga Tamariki and the Police if requested.

Any information shared will be done in accordance with the Privacy Act 2020. This means any information will be relevant to, or related to, addressing or supporting the safety or well-being of tamariki; as accurately as possible and misleading, as complete as possible which may include contextual information to support the understanding while only sharing what is necessary to achieve the purpose of sharing and as up to date as possible”.

Parent's / Guardian

First name: _____ Surname: _____ Relationship to child: _____
 Home address: _____ Home phone number: _____
 Email address: _____ Mobile number: _____
 Place of work: _____ Work phone number: _____

Parent's / Guardian

First name: _____ Surname: _____ Relationship to child: _____
 Home address: _____ Home phone number: _____
 Email address: _____ Mobile number: _____
 Place of work: _____ Work phone number: _____

Authorised Person's able to pick up your child

Name of person: _____ Name of person: _____
 Relationship to child: _____ Relationship to child: _____
 Contact phone number: _____ Contact phone number: _____

Name of person: _____ Name of person: _____
 Relationship to child: _____ Relationship to child: _____
 Contact phone number: _____ Contact phone number: _____

Additional Emergency Contacts (also able to pick up child) - in the event of an emergency and you are unable to be contacted.

Name of person: _____ Name of person: _____
 Relationship to child: _____ Relationship to child: _____
 Contact phone number: _____ Contact phone number: _____

Custodial Statement

Are there any custodial arrangements concerning your child? If **YES**, please provide details of any custodial arrangements or court orders (we require a copy of any court orders).

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

Name of person: _____ Name of person: _____
 Name of person: _____ Name of person: _____

Family doctor

Doctor's name: _____ Medical centre name: _____
 Address: _____ Phone number: _____



Health

Please note - we are a peanut, shellfish, crustacean and egg free

Does your child have an allergy? **Yes / No** (please circle)

What is your child allergic to: _____

Is your child up-to-date with their immunisations? **Yes / No** (please circle)

Immunisation sighted and details recorded: **Yes / No** (please circle)

YKids Early Learning Centre is required by law to keep a copy of the **Certificate of Immunisation** on file. Please provide us with a copy.

Does your child have any other conditions that could require special medical attention? _____

Medicines

Category (i) medicines are non-prescription preparations (such as arnica, antiseptic lotion, insect bite treatment, calamine) that is not ingested, used for the 'first aid' treatment of minor injuries and is provided by the service and is kept in the first aid cabinet.

Do you approve category (i) medicines to be used on your child? **Yes / No** (please circle)

Names of specific category (i) medicines that can be used on my child, provided by the service:

- | | | |
|---------------|-------------------|------------------|
| Sunscreen | Arnica Cream | Antiseptic Wipes |
| Paw Paw Cream | Antiseptic Lotion | |

Category (ii) medicines are prescription medicines (such as antibiotics, eye/ear drops) or non-prescription (such as paracetamol liquid, cough syrup) 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, in relation to Rongoa Māori (Māori plant medicines) that is prepared by other adults at the service. **YKids is not permitted to store or administer category (ii) medicines (such as paracetamol).** I acknowledge that written authority from a parent must be obtained at the beginning of each day, detailing what the medication is, the dose and when it is to be administered.

Category (iii) medicines are part of an individual health plan (such as asthma or eczema) and is for the use of that child only.

Does your child need category (iii) medication requiring an individual health plan? **Yes / No** (please circle)

Individual Health Plan completed and signed? **Yes / No** (please circle)

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: __/__/__



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 Number of Hours
Requested times from parent/guardian:						
Times enrolled:						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at this service:						
20 Hours 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 YKids ELC?

YES / NO (please circle)

Is your child receiving 20 Hours ECE at any other services?

YES / NO (please circle)

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 enquires regarding the information provided in the enrolment form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- ~ You consent to YKids Early Learning Centre 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 in another early childhood service at the same times that he/she is enrolled at YKids Early Learning Centre.

Parent/Guardian Signature: _____

Date: ___/___/___

Statutory Holidays/Term Breaks

This enrolment agreement is **inclusive** of school term breaks. No charge is applied for Statutory Holidays.

At any other time, four weeks notice will be given.



Optional Charges

1. The optional charge is for: lunches at a cost of \$4.00 per day. These are available as a permanent option or on a causal basis.
2. I understand that if I agree to pay for the optional charge, YKids may enforce payment.
3. The agreement to pay for the optional charge will last for the time the child attends YKids.
4. The rule about making changes to the agreement are: notifying the office if you wish to have lunches or cancel lunches.
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** (select one) to pay the optional charge for the activities/items specified on this enrolment form.

Parent/Guardian Signature: _____

Date: __/__/__

Lunches

A cooked lunch is available at the cost of \$4.00 per day. Please indicate below if you would like to order lunches.

Monday	Tuesday	Wednesday	Thursday	Friday	Total Cost

Parent/Guardian Signature: _____

Date: __/__/__

Fee Structure

Hourly Rate	\$6.65
Maximum Daily Rate	\$43.25 (after 6 1/2hrs)
Maximum Weekly Rate	\$216.25
Lunch	\$4.00 for all lunches regularly booked or casually booked.
20 Hours ECE (3-5yr olds)	20 hours at Zero Fees. There is a maximum of 6 hours per day for the 20 Free ECE and any hours above this are charged at the hourly rate mentioned above. YKids does not charge any additional optional charges for children receiving 20 ECE Hours.
30 Free Hours (3-5yr olds)	YKids offers 10 extra hours free on top of the 20 Free ECE. *conditions apply
WINZ Subsidies	Calculated by WINZ on hours of attendance. Application forms are available from the office.
Absences	Full fees are charge for absences, including illness.
Holiday Period Rate	A period of two weeks each year can be claimed as a holiday and charged at 50%, if at least two weeks' notice is given. No fees are charged for public holidays.
Family Fee	YKids offers a discount for families with two or more children enrolled, the lesser fee is free. *conditions apply

Invoices

These are issued weekly and are required to be paid in full within seven day of the date issued. Ongoing failure to pay fees owing or set up a payment plan will result in accounts being sent to debt collection and may result in accounts being sent to debt collections and may result in your child no longer being eligible to attend the centre at the discretion of the Children's Services Manager, as per our Fee's Policy. Debt collection costs incurred are the responsibility of the parent/guardian.

Parent/Guardian Signature: _____

Date: __/__/__



Policy Statement

At YKids we have a number of policies that set out the procedures in place for the care, protection and education of the children who attend. We encourage you to read these, these can be obtained from the office.

Parent Information Book

This includes a wide range of information regarding fee's, subsidies that are available to you, important policies (such as Child Protection, Health and Well-Being, Complaints, Social Competence, Emergencies), hours, settling, transitions and pick up and drop offs. We encourage you to read this.

Parent Permission

I **give permission** for my child to go on spontaneous walks and outings within a 3km radius of YKids. These walks are recorded in the excursion folder stating the number of children participating and who is accompanying them, as per our Excursions Policy. Any outings outside of this radius or that require vehicle transportation will be planned and written consent obtained as per our Excursions Policy. **Yes / No**

I **give permission** for my child to have their hearing and vision checked as part of the B4 School Checks (these are done onsite). **Yes / No**

I **understand** that at YKids ELC the staff are required to photograph my child while they attend our centre and record these photographs in portfolios for the purpose of assessment, planning and evaluation. Written permission will be obtained for any use of photos or videos used beyond this purpose. I **understand** that YKids ask that I don't take photographs of other children while I am in the centre. **Agree / Don't Agree**

I **give permission** for my child's photos or videos to be used on social media or for other marketing purposes. **Yes/No**

I **understand** that during terms four and one, my child is required to have a named sun hat and sunscreen will be applied routinely throughout the day, children are encouraged to wear tops that cover their shoulders and that a no hat no play policy is in place during these terms. **Yes / No**

I **understand** that in an emergency, centre staff will apply immediate first aid as deemed necessary for the protection of my child while he/she is in their care. I understand that this includes calling the doctor named on the enrolment form, implementing the doctor's instructions, calling an ambulance, and/or transporting my child to a hospital or clinic if unable to contact me to obtain my consent. **Yes / No**

I **understand** that in the event of an emergency YKids will make contact via the contact details we hold on APT, informing me of any requirements needed in order to pick up my child. I **agree** for my mobile number to be loaded into this system for such purposes. **Yes / No**

I have been given a copy of the information from the Ministry of Health on food-related choking for babies and young children at Early Learning Services. I **understand** that YKids will prepare food in accordance with these recommendations, and that I will ensure that any food in my child's lunch box is appropriate for their age and development. **Yes / No**

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 YKids Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Staff Signature: _____

Date: __/__/__

Centre Use Only

Enrolment Loaded	Custodial Agreement Attached	Allergy Health Info to C/O	Start Date to C/O
Start Date Loaded	Court Order Attached	Medication Info to C/O	Family
Email Invoices	Email Information	Winz / ELP / Sponsorship	

Staff Initial: _____

Date: __/__/__