



**Te Aroha Noa**  
**Early Childhood Centre**  
Enrolment Agreement Form

**Child's Details:**

Child's official Surname:

Child's official Given names:

Name your child is known by:

Child's date of birth:

Male  Female

Child's Ethnic origin:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Phone:

**Child's Identification:**

*Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation.*

**Copy of official identity verification document sighted by Staff:**

- New Zealand Birth certificate
- New Zealand passport
- Foreign Birth certificate
- Foreign passport
- Other .....

Staff to Initial: \_\_\_\_\_

**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 2026. 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 and Information Policy 3A/IPP3A/Privacy Act 2026.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

\* 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



Parents/Guardians:	
<b>1. First Names:</b>	<b>2. First Names:</b>
<b>Surname:</b>	<b>Surname:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
<b>Phone (Mobile):</b>	<b>Phone (Mobile):</b>
Email:	Email:
<b>Relationship to child:</b>	<b>Relationship to child:</b>
<b>3. First Names:</b>	<b>4. First Names:</b>
<b>Surname:</b>	<b>Surname:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
<b>Phone (Mobile):</b>	<b>Phone (Mobile):</b>
Email:	Email:
<b>Relationship to child:</b>	<b>Relationship to child:</b>
Emergency Contacts Other than Parents (also able to pick child up):	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
<b>Phone (Mobile):</b>	<b>Phone (Mobile):</b>
<b>Relationship to child:</b>	<b>Relationship to child:</b>



Additional Person/s who can collect your child:	
First Names:	First Names:
Surname:	Surname:
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
First Names:	First Names:
Surname:	Surname:
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

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:
Relationship to child:	Relationship to child:
Name:	Name:
Relationship to child:	Relationship to child:

Health	
Family Doctor's Details:	
Doctor's Name:	Phone Number:
Name & Address of Medical Centre:	



**Ongoing Illness or Allergy:**

Does your child have any illness or allergies:

**Prescription Medication:** *to be completed if your child requires medication as part of an individual health plan, for example for an ongoing condition such as asthma or eczema and is prescribed to and used by this child only.*

Individual Health Plan completed, discussed and signed

Yes  No

Name of Medication:

Method and dose of medication:

When does the medication need to be taken (please state time and/or specific symptoms):

Please advise the centre if specific training is required to administer your child's medication.

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

Date: / /

**Centre Provided Medical Attention:**

I give permission for medical attention being obtained for my child in an emergency.

Yes  No

I give permission for the centre staff to use first aid products on my child in minor accidents.

Yes  No

I give permission for my child to undergo health checks provided by Mid Central Health as listed.

- 1) Eczema and Asthma (Child Health Team)
- 2) Vision and Hearing (Tymping)

Yes  No

I give permission for sunblock to be used on my child.

Yes  No

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

Date: / /



## Excursions

I give permission for my child to take part in regular and spontaneous excursions.  Yes  No  
*(Under the conditions stated in the Excursion Policy)*

I give permission for my child to attend centre excursions in the van.  Yes  No  
*(Under the conditions stated in the Excursion Policy)*

I give permission for my child to be picked up and dropped off in the Te Aroha Noa Van run at the beginning of and at the end of session.  Yes  No  
*(Under the conditions stated in the Excursions Policy)*

I agree to pay any charges for trips/shows etc that my child may attend, which is above the centre's normal programme. Details of costs will be given before the excursion and you will be asked to sign a consent form.  Yes  No

## Photos & Video Permission

Do we have permission to take photos, video recordings and written observations of your child for the purpose of assessment, planning and evaluation of their learning?  Yes  No

I give permission for my child's photo being used for work related purposes at Te Aroha Noa Community Services e.g. newsletter & promotion.  Yes  No

## Story Park Online Software

Do we have permission to use your email address, for you to access your child's Storypark online profile?  Yes  No

You will have a password that allows you to access your child's profile online and the opportunity to allow other family members access. Please talk to your whānau teacher for more information.

## Information Sharing

I give permission for information requested by other parties (e.g. Oranga Tamariki, Inland Revenue Department, Health Providers, Te Aroha Noa Community Services Departments, Transition to school Individual Education Plans, MOE Special Education Teachers and Therapists) to be disclosed if required or is in keeping with the wellbeing of the child and their family/whanau.  Yes  No

Whanau will be made aware when sharing of information occurs between our centre and agencies in keeping with the Privacy Act 2026 (Information Privacy Principle 3A(IPP3A), Privacy Act 2026.



### Statutory Holidays / Term Breaks

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

Te Aroha Noa Early Childhood Centre is open weekdays with the **exclusion** of public statutory holidays, two weeks over the Christmas/New Year period and Teacher Only Days, when the centre is closed.

### 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 number of hours:

### For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours:
20 Hours ECE at another service						Total number of hours:

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?       Yes    No

2. Is your child receiving 20 Hours ECE at any other services?       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: \_\_\_/\_\_\_/\_\_\_



**te aroha noa**

COMMUNITY SERVICES

### 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 Te Aroha Noa Early Childhood Centre.

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

Date: \_\_\_/\_\_\_/\_\_\_

### Parent Declaration

I have read and will abide by the centre's policies and practices.

Yes  No

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 Te Aroha Noa Early Childhood Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_