



Enrolment Agreement Form

Child's details:

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **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
- New Zealand Passport
- Other _____

- Foreign birth certificate
- Foreign Passport

Staff initials: _____

Child's date of birth: ___ / ___ / _____

Male

Female

Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____ _____
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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: eli.education.govt.nz

Parents / Guardians:

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Postcode:	Postcode:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Note: Peas in a Pod Learning Centre have a strict security policy in place that we adhere to at all times. This means that children are released only after parents or authorised pick-up persons show a photo ID – and we will ask for this at each and every visit.

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

Given name:

Surname / family name:

Address:

Postcode:

Phone (H):

(W):

(M):

Custodial Statement:

Are there any custodial arrangements concerning your child? (Tick one) Yes No

If yes, please provide details:

Statutory Holidays etc:

Please note: Peas in a Pod Learning Centre will NOT be open on the following Statutory Holidays
Christmas Day, Good Friday, Easter Sunday.

Child's doctor:

Name:

Phone:

Name of Medical Centre:

Health & Immunisation:

Illness /allergies:

Is your child up-to-date with immunisations? (Tick one) Yes No

Please provide verification of all immunisations

For staff: Immunisations sighted and details recorded (Tick one) Yes No

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.

Do you approve category (i) medicines to be used on your child? *Tick one* Yes No

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

Arnica Cream

Tea Tree Oil

Parent / Guardian Signature

Date: __/__/__

Category (ii) 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 etc, and is for the use of that child only.

For staff: 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: __/__/__

Enrolment details:

Date of Enrolment: __/__/__

Date of Entry: __/__/__

Date of Exit: __/__/__

Dual Enrolment Declaration:

