

# **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 Passport

- Foreign birth certificate
- Foreign Passport

• Other \_\_\_\_\_

Child's date of birth: /	/ Male	Female
Child's ethnic origin/s:	lwi your child belongs to:	Language/s spoken at home: 

Child's primary residential address:

Post Code:

Staff initials:

Peas in a Pod

# 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 (Home):	Phone (Home):		
Phone (Home): Phone (Work):	Phone (Home): Phone (Work):		

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.

Given name:

Surname / family name:

Address:					
			F	Postcode:	
Phone (H):	(W):		(M):		
Custodial Statement:					
Are there any custodial arrangements c	oncerning your child	Şç	(Tick one)	Yes	No
If yes, please provide details:					
Statutory Holidays etc:					
Please note: Peas in a Pod Learning Cer Christmas Day, Good Friday, Easter Sund		en on the f	ollowing Stc	atutory Hol	idays
Child's doctor:					
Name:		Phone:			
Name of Medical Centre:					
Health & Immunisation:					
Illness /allergies:					
Is your child up-to-date with immunisation	ons?	(Tick one)	Yes	No	
Please provide verification of all immuni	sations				
For staff: Immunisations sighted and det	ails 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 catego	v (i) medicines to	be used on your child?	Tick one	Yes	No

Name/s of specific catefory (i) medicines that can		child <b>provide</b>	d by servic	ce:
Arnica Cream	Tea Tree Oil			
Parent / Guardian Signature				
			Deter	
			Date:	_//
Category (ii) Medicines				
To be filled in if your child requires medication as p an on-going condition such as asthma etc, and is			n, for exar	nple for
For staff: Individual health plan sighted and a cop	y taken:	Tick one	Yes	No
Name of medicine:				
Method and dose of medicine:				
When does the medicine need to be taken: (State	e time or specific	symptoms)		
Parent / Guardian Signature				
			Date:	_//
Enrolment details:				
Date of Enrolment:/_/ Date of Er	ntry://	Date o	of Exit:	//
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 Peas in a Pod Learning Centre.

Parent / Guardian Signature:

Date:/	/
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## Parent Permission for Photographs/Video:

I give permission for my child to be photographed for the purposes of assessment, planning & evaluation, and shown daily in a slideshow at Peas in a Pod Learning Centre. Yes No

I give permission for my child's photographs to be used on the Peas in a Pod Learning Centre Website and FaceBook page. Yes No

#### Parent / Guardian Signature:

## Other Information:

**Policy Statement:** Peas in a Pod 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.

Please make particular reference to our illness policy, and our pick up/drop off policy.

# 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 Peas in a Pod Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Name:

Designation:

Signature:

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

Enrolment Agreement



# Please provide us with a short statement on the aspiration you have for your child in their preschool years?



Enrolment Agreement