



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:

.....

Child's **Date of Birth**:

.....

Child's **Gender**:

Male / Female *(Please Circle)*

Child's **Ethnic Origins**:

.....

Iwi your child belongs to:

.....

Language/s spoken at home:

.....

Child's **Primary Residential Address**:

.....

Post Code:

.....

Child's Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.

Copy of official identity verification document/s sighted 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:

.....

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 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](#) The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be destroyed once verified.

Any changes to this form must be signed and dated by the parent / guardian.

PARENT / GUARDIAN DETAILS

	<i>Parent / Guardian 1:</i>	<i>Parent / Guardian 2:</i>
Name:
Relationship to Child:
Address: <i>(If different to above)</i>

Email:
Phone (Wk):
Phone (Mob):
Occupation:
Employer:
Industry:

	<i>Parent / Guardian 1:</i>	<i>Parent / Guardian 2:</i>
Name:
Relationship to Child:
Address: <i>(If different to above)</i>

Email:
Phone (Wk):
Phone (Mob):
Occupation:
Employer:
Industry:

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

Additional person/s who can pick up your Child:

Name:
Relationship to Child:



Address: _____

Email: _____

Phone (Mob): _____

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):

Person/s who CANNOT pick up your child:

Name & Relationship: _____

Name & Relationship: _____

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).

Lakeview 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

PERMISSIONS

Attend small local walks(as per excursion policy), including garden area in playground, maintaining adult child ratios :

1 adult to 3 children (0-2 years old) Yes No

1 adult to 5 children (2-5 year old) Yes No

Have their 4 year vision /hearing tested when DHB specialist visits - Yes No

Use Educa for my child's learning documentation Yes No

Be photographed by our staff, students, and/or other parents for the purpose of:



- Planning/assessment/study Yes No
 - Lakeview website, Facebook page Yes No
- Be taken to the Medical Centre in case of emergency(Parents to reimburse any costs) Yes No
- Allow staff to check my child's hair for head lice if there is an outbreak - Yes No
- Allow staff to apply sunblock Yes No

Parent / Guardian Signature: _____

Date: _____

MEDICAL DETAILS

Doctor's Name: _____ Phone: _____

Practice Name & Address: _____

Is your child up to date with immunisations? Yes No

I have chosen not to have my child immunised. Yes No
(Please bring in your immunisation book to be photocopied as per MoE requirements)

For Staff: *Immunisation record book sighted and details recorded -* **Staff Initials:** _____

Does your child have any medical conditions or allergies, food allergies? Yes No
(If so, please provide details e.g: medical reaction and required treatment)

Does your child have any behavioural or developmental habits / issues we should be aware of? Are they under the care of a specialist? Yes No
(If so, please provide details e.g. medical and required treatment)

MEDICAL / ACCIDENT AUTHORISATION

I authorise "LPK" 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 "LPK" 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

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.

Peekaboo does not supply topical creams for first aid treatment.

I authorise Lakeview to provide 'first aid' treatment for minor injuries in accordance with early childhood regulation first aid kits.

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 "LPK" 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* **Staff Initials:** _____

Name of Medicine	Method and Dose	When to Administer – <small>(State time or specific symptom)</small>
.....
.....

Parent / Guardian Signature: _____ **Date:** _____

STATUTORY HOLIDAYS & TERM BREAKS

This enrolment agreement is **inclusive** of school term breaks. We do not close for school breaks. The Centre closes for approximately 1-2 weeks over the Christmas / New Year period, with no fees charged during this period.

Please note the Centre closes at 2pm on Christmas 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, Kings Birthday, Matariki, Labour Day, Christmas Day, Boxing Day.

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



OPTIONAL CHARGES

There are no optional charges for 3-5 year olds.

DUAL ENROLMENT

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

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:** _____



ENROLMENT DETAILS

Enrolment Date:	Entry Date:	Exit Date:
-----------------	-------------	------------

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:
Short Day 8.30am-3.30pm						
Full Day 8am-5.30pm						

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:** _____

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 Lakeview 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 Lakeview.
3. In signing this enrolment form, I agree to not bring my child to Lakeview 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. Lakeview 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 Lakeview informed as to any changes regarding my child, e.g. food, sleep, allergies, changes in home situation.
6. 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 other children.
7. Excursions out of the Centre - I authorise the Centre to take my child on short walks or spontaneous small excursions. 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.
8. In signing this enrolment form, I agree to pay the fees as detailed and will pay a week 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.

9. 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.
10. 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.
11. I understand the Lakeview is only responsible for my child during their hours of enrolment.
12. 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 us?

- Internet / Website
- Friend
- School
- Word of Mouth
- Advertising
- Road Sign
- Other....

How did you hear about us?			
Day:	Short Day	Full Day	
MON			<input type="checkbox"/> Birth Certificate / Passport <input type="checkbox"/> Hearing / Vision <input type="checkbox"/> Emailed PIN's <input type="checkbox"/> Wet Bag <input type="checkbox"/> Administration Fee <input type="checkbox"/> Health & Sickness Policy <input type="checkbox"/> Portfolio Allocation <input type="checkbox"/> Birthday Board <input type="checkbox"/> Art File <input type="checkbox"/> Food Guidelines Information <input type="checkbox"/> Immunisation Certificate <input type="checkbox"/> Discover <input type="checkbox"/> Account <input type="checkbox"/> NSN Number <input type="checkbox"/> Allergy List <input type="checkbox"/> EDUCA <input type="checkbox"/> Portfolio <input type="checkbox"/> Name Tag <input type="checkbox"/> Carpark Map
TUE			
WED			
THR			
FRI			

SERVICE DECLARATION

On behalf of Lakeview Private Kindergarten, I declare that this form has been checked and all relevant sections have been completed.

Centre Manager Signature:

Date: