

APPLESEED EDUCARE – ENROLMENT FORM

Thank you for completing this form. We understand that it is detailed but much of this is a requirement of the Ministry of Education. However, it also allows AppleSeed to provide the very best of care to your child! If you have any questions, please just contact Shelley at shelley@appleseededucare.co.nz. Thanks!

◆ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see [Principle 3 - Collection of information from subject](#)).

Additionally, all Privacy statements must include the exact wording below:

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](#)

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

YOUR CHILD

◆ Child's details:

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: _____			
Official Identification document/s of your child 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: _____ (Please note a copy is not required to be kept on file)			
Child's date of birth: dd / mm / yyyy		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's ethnic origin/s:	Iwi your child belongs to:	Language/s spoken at home: Competency of English if another language is spoke at home:	
Child's primary residential address:			
Medical Details of your child			
◆ Child's doctor:			
Name:		Phone:	
Name of medical centre:			
◆ Health			

<p>Illness/allergies: (Please list in detail. If there are allergies or concerns, AppleSeed will discuss a plan with you)</p>			
<p>Is your child up-to-date with immunisations?</p>		<p><i>Tick One</i> Yes</p>	<p>No</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(Please provide verification of all immunisations)</p>			
<p>For staff: Immunisation records sighted and details recorded:</p>		<p><i>Tick One</i> Yes</p>	<p>No</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>◆ Medicine</p>			
<p>Category (i) Medicines</p>			
<p>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.</p> <p>Note: The service must provide specific information about the category (i) preparations that will be used.</p>			
<p>Do you approve category (i) medicines to be used on your child?</p>		<p><i>Tick One</i> Yes</p>	<p>No</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Name/s of specific category (i) medicines that can be used on my child, provided by service:</p>			
<p>▪</p>	<p>▪</p>		
<p>▪</p>	<p>▪</p>		
<p>Parent/Guardian Signature: _____</p>		<p>Date: ____/____/____</p>	
<p>Category (ii) Medicines</p>			
<p>Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as 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 Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.</p>			
<p>I acknowledge that 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.</p>			

(Please note that this is a separate form that AppleSeed will provide and the teachers will discuss with you prior to administering this category of medicine).

Parent/Guardian Signature:

Date: ____/____/____

Category (iii) 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 or eczema etc and is for the use of that child only.

(Such medicine (ie an inhaler) may be named and stored at AppleSeed. An Individual health plan will be discussed with the teachers.)

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: ____/____/____

For staff: Individual health plan sighted and a copy taken:
Tick One:

Yes

No

THE CHILDS CONTACTS	
<p>◆ Parents / Guardians: Please provide a copy of ID for each person allowed to pick the child up</p>	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Staff initial that copies of ID have been provided: _____

◆ 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 any court order is required)	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

◆ Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

YOUR CHILD'S ENROLMENT DAYS

AppleSeed offers two options:

- short days (9.30am to 4.00pm) or
- full days (7.30am to 6.00pm)

If you would like alternative arrangements, please discuss with Shelley. Please refer to the Fee Policy and Enrolment Policy, together with the Fee Schedule.

We understand that sometimes circumstances change and you may wish to change your child's enrolment hours and/ or days – either permanently or as a one-off. Please feel free to discuss with Shelley. Please note that there may be a little more paperwork that will need to be signed.

Children aged 3 and above may be entitled to 20 hours ECE subsidy from the Government – this means that the AppleSeed Fee will be reduced (Please see the Fee Schedule). Please note that a child may only receive the 20 hours ECE subsidy from one provider (hence the questions below).

◆ Enrolment Details:

Date of Enrolment: ____/____/____
 Date of Entry: ____/____/____
 Date of Exit: ____/____/____ (If known, alternatively will default to when the child is 6)

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 hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours (Shelley can assist with this)

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total 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?

Tick one	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2. Is your child receiving 20 Hours ECE at any other services? <i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:				
<ul style="list-style-type: none"> ▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services. 				
<ul style="list-style-type: none"> ▪ 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. 				
<ul style="list-style-type: none"> ▪ 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: ____/____/____		

◆ 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 AppleSeed Educare.
Parent/Guardian Signature: _____ Date: ____/____/____

In very limited circumstances, a child may be allowed to enroll at AppleSeed for only the 20 ECE hours as subsidised by the Government. and will only be asked to pay an Optional Charge – Please see the Fee Policy and Enrolment Policy. In such circumstances, the below is to be filled out.

◆ Optional Charges:
<i>For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.</i>
1. The optional charge is for: (give details of specific activities or items, and their costs):
<ul style="list-style-type: none"> ▪
<ul style="list-style-type: none"> ▪
2. I understand that if I agree to pay for the optional charge, AppleSeed Educare may enforce payment.
3. The agreement to pay the optional charge will last for: <i>[insert time]</i> .

4. The rules about making changes to the agreement are: (you must give the parent reasonable opportunity in which to change their mind):

- (Please insert rules here)

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5. I understand that that 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 in this enrolment agreement form.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive/ exclusive** of school term breaks. (*AppleSeed remains open year around so please cross out "exclusive"*)

AppleSeed is not open on public holidays therefore please leave this section blank (it is a MOE required section only).

Please tick the days you wish your child to be specifically enrolled for if the following statutory holidays fall on an normal enrolment day:

New Year's Day		Easter Monday		Labour Day	
Day after New Year's Day		Anzac Day		Christmas Day	
Waitangi Day		Queen's Birthday		Boxing Day	
Good Friday		Matariki		Local Anniversary Day	

Fee's are charged in accordance with AppleSeed's Fee Policy and Enrolment Policy. Please advise who you would like invoices sent to:

Name of Parent/ Guardian: _____ OR

Both Parent's/ Guardian's: _____ OR

Other: _____

A LITTLE MORE ADMINISTRATION (Required Information for Licensing Purposes)

▪ **Excursions:**

Children at AppleSeed may go on small, walking, “regular” excursions – for example across to Potters Park. Here we ask for general permission to take your child on such excursions. Any special excursions (ie a trip to Ambury Farm) will require your specific consent.

Permission for the child to take part in regular excursions (under the conditions stated in the service’s excursions policy).

Parent / Guardian to cross out and initial: Yes / No Initial: _____

▪ **Photo/video:**

Children at AppleSeed may be photographed or videoed. Please give your permission for

- the child to be photographed for the purposes of the child’s assessment, planning and evaluation. This will be shared only with the child’s parents/ guardians and will be shared on StoryPark

Yes / No Initial: _____

- photographs and / or video of the Child to be used on AppleSeed’s social media (Facebook and/ or Instagram) and/ or website.

Yes / No Initial: _____

▪ **Food and Choking:**

Children at AppleSeed are provided morning tea, lunch and afternoon tea. Food is prepared and served in accordance with Ministry of Health Guidelines, including preparing food in a manner that will reduce the risk of choking. When children at AppleSeed turn four, we encourage them to “bring a lunch box” on a Tuesday. As such, we are required to provide you a copy of the Ministry of Health: Reducing Food-related choking for babies and young children at early learning services. Please initial below that you have received this Guide:

Yes / No Initial: _____

▪ **Policy Statement:**

AppleSeed Educare 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. Some can be found on the parent notice board at AppleSeed. All are held in the office and you are welcome to request copies at any time. At times the policies will be reviewed and you will be asked if you have any input. The signing of this enrolment agreement form indicates that you will abide by the policies of AppleSeed Educare.

Yes / No Initial: _____

We welcome you to AppleSeed Educare. Please do ask either Shelley or one of the teachers if you have any questions at any time.

◆ Parent Declaration	
I declare that all the above information is true and correct to the best of my knowledge.	
Parent/Guardian Signature: _____	Date: ____/____/____
Parent/Guardian Signature: _____	Date: ____/____/____
◆ Service Provider Declaration	
On behalf of AppleSeed Educare, I declare that this form has been checked and all relevant sections have been completed.	
AppleSeed Educare Signature: _____	Date: ____/____/____

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