

Enrolment Form

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:

Copy of official identity verification document* collected by staff:

- checkbox New Zealand birth certificate
checkbox Foreign birth certificate
checkbox New Zealand passport
checkbox Foreign passport
checkbox Other _____

Staff initials: _____

Child's date of birth: dd / mm / yyyy [] Male [] Female

Child's ethnic origin/s: _____ Iwi your child belongs to: _____ Language/s spoken at home: _____

Child's primary residential address:
.....
.....

Parents / guardians

(1)Name: (2) Name:
Address Address
Phone number: Work Phone number: Work
Home..... Home.....
Mobile..... Mobile.....
e-mail:..... e-mail:.....

Emergency contact 1

Emergency contact 2

Name: Name:
Phone number: Work Phone number: Work
Home..... Home.....

Names and phone numbers of persons who have permission to collect your child:

- 1. 3.
- 2. 4.

Names of persons who are forbidden to have access to your child:

- 1. 3.
- 2. 4.

Custody order/details of any custody arrangements attached: Yes/No

Comments:

Doctor

Name:.....

Address:

Phone number:

Please tell us about your child's health history (allergies, ongoing health problems, etc):

Please tell us if your child has any of the following chronic medical conditions: allergy, asthma, eczema, epilepsy, diabetes, other:

<p><i>For Office Use</i> Chronic Care Plan available: Yes / No</p> <p>Comments:.....</p>

Please tell us about your child's immunisation history:

<p><i>For Office Use</i> Immunisation record cited and details recorded: Yes / No</p> <p>Comments:.....</p>
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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.

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

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

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Days and times of enrolment:

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						Total number of hours:
20 Hours ECE at another service						Total number of hours:

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Is your child enrolled at another centre? Yes/No

If yes, state times:.....

Government 20 hours Subsidy Early Childhood Education Details:

Is your child receiving free early childhood education 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 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: ___ / ___ / ___

I have agreed to pay a flat fee of \$38 per day for the additional hours my child is enrolled for at Rocket Kids Early Learning Centre each day.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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.....

.....
Please tell us how you heard about Rocket Kids:
.....
.....

Policy statement: This 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 urge you to read these. The signing of this enrolment form indicates that you will abide by the policies of this centre.

Parent information book: Please ensure that you read the information in the parent information booklet as it covers such things as fee details and ways in which we can help you and your child settle into the centre.

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: www.minedu.govt.nz/parents

Photography: The signing of this enrolment form indicates that you give permission for your child to be photographed for display and portfolio purposes.

Fees: Fees are to be paid two weeks in advance and we ask that you give two weeks notice of leaving. In the event of non-payment, all costs of collection, commission agency fees and/or legal costs incurred in recovering of the debt will be the responsibility of the parent/ guardian.

Excursions: Permission for your child to take part in spontaneous/regular excursions will be sought as referenced in our centre's excursions policy.

I declare that all the above information is true and correct to the best of my knowledge.

Parents / guardian's signature:..... Date:

I hereby give permission for any photos of my child (at Rocket Kids or on Rocket Kids outings) to be used on the following websites: Rocket Kids website (www.rocketkids.co.nz) and Rocket Kids facebook page (www.facebook.com/#!/pages/Rocket-Kids/151623554923725)

Parents / guardian's signature:..... Date:

For office use only

On behalf of Rocket Kids, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:..... Date: