79 Marsden Street
Lower Hutt 5010
Ph: 04 589 6650
M: 027 420 5008
E:debbie@littlefootprints.co.n
www.littlefootprints.co.nz

♦ 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:

Child's date of birth: d d / m m / y y y y Male ☐ Female ☐

Child's ethnic origin/s:	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:

❑ New Zealand birth certificate ❑ Foreign birth certificate
❑ New Zealand passport ❑ Foreign passport
❑ Other _____ **Staff initials**: _____

♦ 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 Privacy Principles 3 and 3A – Collection of information). Additionally, all Privacy statements must include the exact wording below:

We collect information, including personal information (e.g. enrolment and attendance) about your child, which is shared with the Ministry of Education, who stores it securely and treats it in accordance with the Privacy Act 2020.

The Ministry of Education collects and holds this information for the following purposes:

• for funding allocation
• for monitoring compliance with the Education (Early Childhood Services) Regulations 2008 and related criteria, and the ECE Funding Handbook

• to assign a National Student Number* to your child,
• for statistical and resourcing purposes
• to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under Education and Training Act 2020,
• as permitted by the Privacy Act 2020.

Information collected may be shared with other government agencies where required by legislation, or to meet an agreed purpose, and in accordance with the government's direction for greater inter-agency data sharing.

You have the right to request access to or correction of personal information that the Ministry of Education holds about you.

Contact information for the Ministry can be found here: National office - Ministry of Education.

Completed enrolment forms and related information may be accessed by authorised Ministry officials on request, for monitoring, licensing, and funding administration purposes.

* 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.

♦ Parents / Guardians:

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)
Relationship to child:	Relationship to child:

Additional person/s who can pick up your 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:
Relationship to child:	Relationship to child:

Custodial Statement	
Are there any custodial arrangements concerning your child?	
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:
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)
Relationship to child:	Relationship to child:

Child's Doctor

Name: Phone:

Medical Centre:

Health

Illness/allergies:

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.

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: ____ /____ / ____

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

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

♦ 20 Hours ECE Attestation: (for children aged 3-5 years only)

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 ☐ No ☐

2. Is your child receiving 20 Hours ECE at any other services? *Tick One* 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.
- Your 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: ____ /____ / ____

Bank Account Details

Little Footprints Care & Education Centre: Westpac 030531 0850979 00

Fees are to be paid by automatic payment the week before enrolment commences & every week/fortnight.
Please create an automatic payment online or ask for an AP form from the Centre Manager which you will need to lodge at your bank.
Your set weekly fee is to be paid for 52 weeks of the year regardless of illness, family vacations or statutory Holidays. Little Footprints is only closed 3 days between Christmas & New Year.

Total Weekly Fee: $_____

Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood centre at the same times as she/he is enrolled at Little Footprints.

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

♦ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Little Footprints Care & Education is not open on any public holidays.

Additional Information

- **Excursions:** Do you give permission for your child to be taken out on short walks around the neighbourhood. Ratio will be in accordance with ECE regulations and will not exceed 1 adult: 4 children under 2 years & 1 adult: 8 children over 2 years.
- Walks will include Bush Walk, Pet Shop, Supermarket, Pete's Emporium. Risk Assessment available for each walk.

Yes No

Note: All special centre excursions to places in large groups will be with specific permission of the parent

- **Photo/video:** During the time your child is at the centre photos and videos will be taken for assessment, planning, and evaluation. Do you give permission for these photos and videos to be
- used and displayed accordingly? Yes No

- **Face book Consent:**

Do we have permission for photo's and video images to be published on our public Centre Facebook page? The purpose of this site is to share daily or weekly happenings, with you and your whanau, beautiful images of our learning programme in action, share up-coming events in the community and parent education opportunities. Yes No

Sign In/Out Register:

We require parents to sign their child in on arrival and at the end of the day on pick up.

- **ERO Report:**

Our most recent ERO report can be found in centre or on: http://www.ero.govt.nz/

- **Policy Statement: Little Footprints Care & Education 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.
- **Parent Information Book**: Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences by filling in the 'Me Sheet' provided.
- ***Transitional School Visits:*** *School visits are to be arranged by the parent/guardian as we have children coming from a wide area.*
- **How did you hear about us? Advertising, word of mouth, signage, website, other……**

♦ 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 Little Footprints Care & Education Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____	Date: ____ /____ / ____