



Enrolment Form

Application Date: ___/___/___

Start Date: ___/___/___

Leave Date: ___/___/___

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:

Copy of official identity verification document collected by staff:

- New Zealand Birth Certificate Foreign Birth Certificate
 New Zealand Passport Foreign Passport
 Other

Staff Initials: _____

Child's date of birth: ___/___/___

Male Female Other/prefer not to specify

Child's Ethnic Origin/s:

Iwi your child belongs to:

Languages spoken at home:

Child's primary residential address:

* 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 in accordance with the Privacy Act 1993. Under the 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 they 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

* Information about acceptable identity verification documents is available online at eli.education.govt.nz.



The Ministry of Education recommends that all services centres keep a copy of the identity verification documentation of each child who is enrolled at the centre.

Parent/Guardian Details

Parent/Guardian 1	Parent/Guardian 2
Name:	Name:
Address:	Address:
Phone (Home) :	Phone (Home):
Phone (Mobile):	Phone (Mobile):
Phone (Work):	Phone (Work):
Email:	Email:
Relationship to child:	Relationship to child:

If the child has more than two legal parents or guardians, please attach additional details

Emergency Contacts (in case we cannot get hold of you)

Emergency Contact 1:	Emergency Contact 2:
Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Home Phone: _____	Home Phone: _____
Mobile Phone: _____	Mobile Phone: _____

Additional person/s who can pick up your child:

Person 1:	Person 2:
Name:	Name:
Address:	Address:
Phone (Home):	Phone (Home):



Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
Custodial Statement	
Are there any custodial arrangements concerning your child? Yes No (please circle one)	
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Person/s who cannot pick up your child:	
Name:	Name:
Name:	Name:

Health & Wellbeing	
Child's Doctor	
Name:	Phone:
Name of medical centre:	Address of medical centre:
Health	
Illness/allergies:	
Is your child up-to-date with immunisations? Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please attach verification of all immunisations	
For office use only: Immunisations records sighted and details recorded: Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 category (i) medicines to be used on your child? Tick One Yes No

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

• Arnica	• Antiseptic liquid
• Insect bite cream	•

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

Category (ii) Medicines

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.

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.

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 an on-going condition such as asthma or eczema etc. and is for the use of that child only.

For office use only: 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						
20 hours ECE at this service:						
20 hours ECE at another service						

Parent 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 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
- 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: ___/___/___



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 Blooming Buds Early Learning Centre

Parent/Guardian Signature: _____

Date: ___ / ___ / ___

Statutory Holidays/ Term Breaks

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

Blooming Buds will be closed on all public holidays and all weekends only. Otherwise we are operational from Monday – Friday 7:00 a.m. – 6:00 p.m. throughout the year

Parent/Guardian Signature: _____

Date: ___ / ___ / ___

Required Information for Licensing Purposes

- Please indicate whether you give permission for your child to:
 - ☐ Have a public health nurse visit your child Yes No
 - ☐ Be taken to medical centre in the case of an emergency Yes No
 - ☐ Be photographed or videoed by our staff or student teacher for the purposes of assessment, portfolio planning and evaluation, centre publicity, newsletter, Facebook, etc Yes No
 - ☐ Celebrate birthdays, special events and cultural celebrations Yes No

- Excursions: I give permission for the child to take part in regular local excursions (under the conditions stated in the service’s excursions policy). Local excursions will not exceed a walking distance of 1km from the building and will ensure no less than an adult supervision ratio of 1:2 for children Under 2 and 1:4 for children Over 2. There will be a qualified teacher as person responsible on all excursions as well as a first aid kit and an adult with a current First Aid certificate. The adult to child ratios is determined according to the nature of the excursion and any risks involved.
- Food Provision-High Risk foods not served at Blooming Buds: Whole or pieces of nuts, large seeds like pumpkin or sunflower seeds, hard or chewy sweets and lollies, fruit strings, nuggets, rollups etc, Chippies, hard rice crackers, dried fruit, Sausages, saveloys and cherries, popcorn and marshmallows. All food served to children will be prepared in accordance with Ministry of Education Regulations and Ministry of Health Guidelines. Reducing food related choking for babies and young children at early learning services 2020 (Food and Drink Policy)



- Staying home if sick: Children/tamariki should not attend Blooming Buds if they are sick. Symptoms of sickness include: Cough, Fever, Sore throat, Green or thick runny nose, Shortness of breath/difficulty breathing, Temporary loss of smell, Vomiting, Diarrhoea

Parent/Guardian Signature: _____

Date: ___/___/___

Video/ Photograph

I give permission for my child to be photographed or videoed by our staff or students for the purpose of:

- | | | | |
|-------------------------|--------------------------|-----------------------------|--------------------------|
| Assessment | <input type="checkbox"/> | Portfolio | <input type="checkbox"/> |
| Planning and Evaluation | <input type="checkbox"/> | Centre Publicity | <input type="checkbox"/> |
| Newsletter | <input type="checkbox"/> | Facebook/Instagram/Linkedin | <input type="checkbox"/> |
| Website | <input type="checkbox"/> | | |

Other information possible to include on this Enrolment Agreement Form

- Child's strengths, interests and preferences: Please tell us about your child's strengths, interests and preferences.
- Transitional School Visits: Information on transition arrangements.
- Correspondence School Enrolment: Details of enrolment agreement.

Centre Policies

Blooming Buds Early Learning Centre has a number of policies that set out the procedures that are in place for the health, well-being and learning of your child or children who attend. We strongly urge you to read these policies. The signing of this enrolment agreement form indicates that you will abide by the policies of this centre and understand you can have input towards policy reviews.

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.

Fee Agreement: By signing this enrolment form I agree to pay my child/ children fee in full every week in advance. (Please refer to our fee agreement for terms and conditions regarding payments, late fee, holidays, WINZ, withdrawal, etc)



****I have read and understand the attached Fee Policy and will abide by these conditions. I agree to accept all WINZ responsibilities and that I pay in full any amounts not paid by them for this service. I understand I am also responsible for any and all collections fees if my account is sent for collection with an agency.**

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 Declaration

On behalf of Blooming Buds Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ___/___/___

HOW DID YOU HEAR ABOUT US?

- Website
- Signage
- Flyer
- Facebook
- Another Parent
- Friend

DOCUMENTS REQUIRED ON ENROLMENT

- Child Birth Certificate
- Child Immunisation Certificate
- Parents IDs
- Proof of address
- Allergy or medication form/ plan



Change of Days/Times of enrolment:

Effective date of change: ___/___/___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						TOTAL
For 20 Hours ECE fill out boxes below						
20 hours ECE at this service:						
20 hours ECE at another service						

Parent Signature: _____

Date: ___/___/___

Change of Days/Times of enrolment:

Effective date of change: ___/___/___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						TOTAL
For 20 Hours ECE fill out boxes below						
20 hours ECE at this service:						
20 hours ECE at another service						

Parent Signature: _____

Date: ___/___/___

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