

Appendix 2

Resources and Examples

In this appendix

This appendix contains resources and examples referred to in this Handbook.

The tables below contain a list of all the resources and examples in this appendix.

Resources for All Services	
	For further details see...
Enrolment Agreement Template	6-1
Sign-In/Sign-Out Template	6-3

Resources for Teacher-Led Services	
	For further details see...
Example Staff Record	3-B-2
Example Hospital Based Attendance Record for Enrolled Children	3-B-3
Staff Record Verification Sheet Template	3-B-2

Example Funding Forms	
	For further details see...
These example forms are available as separate PDF documents on http://www.education.govt.nz	
RS7 Early Childhood Funding Returns Note: These examples contain all the possible sections that may be included in an RS7 Return. Your service's RS7 Return may not include all these sections.	Chapter 9
RS2 Change of Bank Account	8-1
RS3 Initial Application for Funding for an Early Childhood Service	7-1 and 7-2
EC11 TKR: Application for change of quality/standard funding rate	3-C-4
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EC13 Medical Certificate to Support Application for Exemption from Absence Rule for Special and/or Health Needs	7-7
EC15 Application to Receive Equity Funding for Providing Early Childhood Education in a Language and Culture other than English	10-4
EC30HB Home-based educator emergency closure	7-5 and 3-B-4

A SAMPLE THAT COVERS THE NECESSARY FUNDING AND LICENSING REQUIREMENTS***Enrolment Information, 20 Hours ECE Enrolment Hours and Attestation Information for Early Childhood Education Services***

◆ Sections marked with this symbol are required to be included in every Enrolment Agreement Form (20 Hours ECE sections are not applicable if the service does not offer 20 Hours ECE).

Wording cannot be changed in sections marked with ◆, except to add relevant details for your service.

◆ 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: 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:

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.

Official Identification 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

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 [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.

◆ 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):
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):

<p>◆ Custodial Statement</p> <p>Are there any custodial arrangements concerning your child?</p> <p>If YES, please give details of any custodial arrangements or court orders (a copy of any court order is required)</p> <p> </p> <p> </p>					
<p>Person/s who <u>cannot</u> pick up your child:</p> <table border="1"> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Name:</td> <td>Name:</td> </tr> </table>		Name:	Name:	Name:	Name:
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:

◆ Child's doctor:	
Name:	Phone:
Name of medical centre:	

◆ 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**:

▪	▪
▪	▪

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 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:
						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"/>						

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:

- 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: _____ / _____ / _____

◆ 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 [insert name of service].

Parent/Guardian Signature:

Date: _____ / _____ / _____

◆ Optional Charges:

If you request Optional Charges, this agreement must be included as part of your service's Enrolment Agreement Form.

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

1. The optional charge is for: (give details of specific activities or items, and their costs)

-
-

2. I understand that if I agree to pay for the optional charge, [insert name of service] may enforce payment.

3. The agreement to pay the optional charge will last for: [insert time].

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)
-

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.

If your service is open on Statutory Holidays, parents need to confirm enrolment for each individual statutory holiday.

[insert name of service] is open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:

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	

◆ Home-Based Education and Care Services Only

This section is a compulsory requirement for Enrolment Agreement Forms used by Home-Based Services

Is the educator who will be providing education and care for your child a member of the child's family?

Tick One

Yes

No

If yes, what is the relationship of the educators to your child?

Parent/Guardian Signature:

Date: ____ / ____ / ____

◆ Home-Based Educator Top Up Payments

When you request a home-based educator top up payment this agreement must be included as part of your service's Enrolment Agreement Form. For further information on Home-Based Educator Top Up Payment please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

1. If I agree to home-based educator top up payments, I understand that [insert name of educator] may enforce payment.
2. I understand that the home-based service pass-through to the educator is \$_____ per hour.
3. As a condition of enrolment, I will pay [insert educator name] a home-based educator top-up payment of \$_____ per hour for the hours of 20 Hours ECE.

Please include details of any other arrangements:

Parent/Guardian Signature:

Date: ____ / ____ / ____

Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** [insert name of service] 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.
- **Transitional School Visits:** Information on transition arrangements.
- **Correspondence School Enrolment:** Details of enrolment agreement.

◆ 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 [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

Service Provider 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/Guardian 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/Guardian Signature:

_____ Date: _____ / _____ / _____

Sign In / Out Sheet for Early Childhood Centres

EXAMPLE STAFF RECORD

Date: 1 February 2010

Name (A)	Jessica		Simon		Kate		Mark		Lucy							
Certificated teacher? (B)	Yes Person Responsible a.m.		Yes		No		Yes Person Responsible p.m.		Yes		Number of Children					
	Planned (C)	Change (D)	Planned	Change	Planned	Change	Planned	Change	Planned	Change	Planned	Change	Planned staff (E)	Actual Staff (F)	Certificated (G)	Not certificated (H)
7:00 a.m.																
8:00 a.m.																
9:00 a.m.							non contact						3	3	2	1
10:00 a.m.				non contact									3	3	3	0
11:00 a.m.									non contact				3	3	2	1
12:00 p.m.							lunch		lunch				3	3	2	1
1:00 p.m.	admin				lunch								3	3	3	0
2:00 p.m.				lunch									3	3	2	1
3:00 p.m.													4	4	3	1
4:00 p.m.													3	3	2	1
5:00 p.m.													2	2	1	1
6:00 p.m.																
7:00 p.m.																
Total hours		4		5		7		5		6			24	(I) 18	(J) 6	

**Example Hospital Based Attendance Record for Enrolled
Children**

DATE:

Children	Name	Place										
7.00 a.m												
7.30 a.m												
8.00 a.m												
8.30 a.m												
9.00 a.m												
9.30 a.m												
10.00 a.m												
10.30 a.m												
11.00 a.m												
11.30 a.m												
12.00 p.m												
12.30 p.m												
1.00 p.m												
1.30 p.m												
2.00 p.m												
2.30 p.m												
3.00 p.m												
3.30 p.m												
4.00 p.m												
4.30 p.m												
5.00 p.m												
5.30 p.m												
6.00 p.m												
6.30 p.m												
7.00 p.m												
Total Hours												

Early Childhood Staff Record Verification Form

Management Contact Details

Management Name	
Service Name	
Management Address	
Management Address	
Management Address	

Week beginning Date (e.g. Monday 3 May 2010)	Week Ending Date (e.g. Friday 7 May 2010)

I confirm that the staff records for the above week are a true and correct record of the hours worked.

Staff Name	Staff Signature

Manager's Name	Manager's signature
Date	

RS7 Early Childhood Funding Return

Service No.

Management Contact Details

This is the address for all funding forms:

Tel:

Email:

If the Management Contact and / or Service details are incorrect please contact your Ministry of Education Regional Office to complete an EC8 Application to Amend a licenced Early Childhood Service's Details Form

Instructions

You can refer to Chapter 9 of the Early Childhood Funding Handbook for instructions on filling out this form. A copy of this form **must** be retained in the service for audit purposes.

You can complete and email the form to be received to: ece.resourcing@education.govt.nz **OR**

You can complete and post the original form to be received to:

ECE Resourcing, Ministry of Education, PO Box 1666, Wellington.

If you have any queries, you can call the Resourcing Contact Centre on 0800 ECE ECE (0800 323 323) or e-mail: ece.resourcing@education.govt.nz

Note: Forms received later than the due date may result in delayed funding.

Service Details

If this information is not correct contact your Ministry of Education Regional Office urgently [Refer to Early Childhood Handbook for contact details].

Service Name:

Tel:

Service Address:

Email:

Service Funding Information

Organisation Name:

Type of EC Service:

Regional Office:

Provision Type:

Licence Class:

Equity Funding Information

Low Socio-economic:

Special Needs:

Language:

Isolation:

20 _____				Service No.			
Subsidy Funded Child Hours		20 Hours ECE Funded Child Hours			Staff Hour Count		
		Under 2	2 & Over	20 Hours ECE	Plus 10	ECE Qualified & Certificated	
						Yes	No
01				01		01	
02				02		02	
03				03		03	
04				04		04	
05				05		05	
06				06		06	
07				07		07	
08				08		08	
09				09		09	
10				10		10	
11				11		11	
12				12		12	
13				13		13	
14				14		14	
15				15		15	
16				16		16	
17				17		17	
18				18		18	
19				19		19	
20				20		20	
21				21		21	
22				22		22	
23				23		23	
24				24		24	
25				25		25	
26				26		26	
27				27		27	
28				28		28	
29				29		29	
30				30		30	
31				31		31	
Total				Total		Total	

Instructions for Completing Staff Hour Count and Funded Child Hours

- For ECE funding purposes, Certificated teachers are teachers who are either ECE qualified or Primary qualified, and holders of current practising certificates.
- 20 Hours ECE and Plus 10 Funded Child Hours can only be claimed on the days that your service operates as Teacher Led. Refer to the table below for the days yours service may claim 20 Hours ECE and Plus 10 Funded Child Hours.

Complete Staff Hour Count (SHC) and 20 Hours ECE FCH based on the following operating days:

Day	Provision Type	Session Type	SHC Required	20 Hours ECE FCH
Monday	Teacher Led	All Day	Enter SHC	Eligible

Tuesday	Teacher Led	All Day	Enter SHC	Eligible
Wednesday	Teacher Led	All Day	Enter SHC	Eligible
Thursday	Teacher Led	All Day	Enter SHC	Eligible
Friday	Teacher Led	All Day	Enter SHC	Eligible
Saturday	Does not Operate	Does not Operate	SHC Not Required	Not Eligible
Sunday	Does not Operate	Does not Operate	SHC Not Required	Not Eligible

20 _____

Service No.

		Subsidy Funded Child Hours		20 Hours ECE Funded Child Hours			Staff Hour Count		
		Under 2	2 & Over			20 Hours ECE	Plus 10	ECE Qualified & Certificated	
								Yes	No
01				01				01	
02				02				02	
03				03				03	
04				04				04	
05				05				05	
06				06				06	
07				07				07	
08				08				08	
09				09				09	
10				10				10	
11				11				11	
12				12				12	
13				13				13	
14				14				14	
15				15				15	
16				16				16	
17				17				17	
18				18				18	
19				19				19	
20				20				20	
21				21				21	
22				22				22	
23				23				23	
24				24				24	
25				25				25	
26				26				26	
27				27				27	
28				28				28	
29				29				29	
30				30				30	
31				31				31	
Total				Total				Total	

For Info Only: Indicate the reason for any one-off closures using the following abbreviations:	
AD	Anniversary Day
EC	Emergency Closure. Copy of Regional Office confirmation letter to be attached
HP	Holiday Period
NF	Not Funded
NPRR	Not Meeting Person Responsible Requirement
SC	Service Closed
SD	Substitute/Extra Day

SH	Statutory Holiday
SO	Service Open – holiday period with no attendances
TOD	Teacher Only Day
UNI	University Holiday

20 _____

Service No.

		Subsidy Funded Child Hours		20 Hours ECE Funded Child Hours			Staff Hour Count			
		Under 2	2 & Over		20 Hours ECE	Plus 10	ECE Qualified & Certificated			
								Yes	No	
01				01				01		
02				02				02		
03				03				03		
04				04				04		
05				05				05		
06				06				06		
07				07				07		
08				08				08		
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27				27				27		
28				28				28		
29				29				29		
30				30				30		
31				31				31		
Total				Total			Total			

Subsidy Funded Child Hours				20 Hours ECE Funded Child Hours				Staff Hour Count			
		Under 2	2 & Over		20 Hours ECE	Plus 10		ECE Qualified & Certificated			
										Yes	No
01				01				01			
02				02				02			
03				03				03			
04				04				04			
05				05				05			
06				06				06			
07				07				07			
08				08				08			
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24				24				24			
25				25				25			
26				26				26			
27				27				27			
28				28				28			
29				29				29			
30				30				30			
31				31				31			
Total				Total				Total			

Advance Days

Number of funded days the service will operate during a month			Maximum number of days possible		
	'All Day' days	'Sessional' days		'All Day' days	'Sessional' days

Attestation of Certificated Teachers' Salaries

Services that want to access higher funding rates must pay all employed ECE and primary qualified certificated teachers at least the amount(s) specified in the salary scale defined in the ECE Funding Handbook available on the Education.govt.nz website.

What salary scale described in the ECE Funding Handbook is your service using to determine the minimum salaries paid to all employed ECE and primary qualified certificated teachers?

<input type="radio"/>	No Salary Scale (No step)	<input type="radio"/>	Base Salary Scale (Step 1)	<input type="radio"/>	Parity Salary Scale (Step 1-6)	<input type="radio"/>	Extended Parity Salary Scale (Partial Step 1-11 + Partial Management Step)	<input type="radio"/>	Full Parity Salary Scale (Full Step 1-11 + Full Management Steps)
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By answering '**No Salary Scale (No step)**' to this question, your service is identified as having not met the funding conditions related to the **minimum salary scales**. Your service will, therefore, be paid at the **lowest level of funding**.

By answering '**Base Salary Scale (Step 1)**' to this question, your service is identified as meeting the funding conditions for **this minimum salary scale**. Your service will therefore have access to the **base funding rates**.

By answering '**Parity Salary Scale (Step 1-6)**' to this question, your service is identified as meeting the funding conditions for **this minimum salary scale**. Your service will therefore have access to the **parity funding rates**.

By answering '**Extended Parity Salary Scale (Partial Step 1-11 + Partial Management Step)**' to this question, your service is identified as meeting the funding conditions for **this minimum salary scale**. Your service will therefore have access to the **extended parity funding rates**.

By answering '**Full Parity Salary Scale (Full Step 1-11 + Full Management Steps)**' to this question, your service is identified as meeting the funding conditions for **this minimum salary scale**. Your service will therefore have access to the **full parity funding rates**.

Declaration

I certify that, to the best of my knowledge, the information contained on this form is true and correct.

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all questions in full **or**
- if I do not provide documentation supporting the funding claim **or**
- if I do not make documents available for inspection **or**
- if I do not tell the Ministry of Education of changes that may affect funding claims or rates

then

- The funding claim may be reviewed and funding withheld **and / or**
- I will have to pay back the total amount of any overpayment **and / or**
- I may be prosecuted and fined or imprisoned.

By signing this declaration, I am confirming that this funding claim is made in accordance with the conditions outlined in the *Early Childhood Education Funding Handbook* and that the Ministry can withhold all or some of the funding if there is a breach of any of these conditions.

Name		
Contact No	()	
Signature	x	
Date	/ /	
Designation		

RS2 Early Childhood Service / Playgroup Bank Account Form

This form is to be used by **licensed services** to change a bank account or by **Playgroups** to establish or change a bank account. All Ministry of Education payments will be deposited into this account. It can also be used to advise your GST registration number.

All sections must be completed. Two signatories are required to sign that the bank details are correct, and either:
your bank must stamp the form to verify the account details, OR
you must attach a pre-printed deposit slip

Completed forms should be returned to: ece.resourcing@education.govt.nz

Early Childhood Service

Name	
Ministry of Education Service Number	
Address	
Phone Number	
Funding Contact Person	

Reason for Change

Why is this change being made: (tick one only)

<input type="checkbox"/>	Because the service/playgroup has changed its own bank account.	<input type="checkbox"/>	Because the service has joined or left an association, while retaining the same ownership.	<input type="checkbox"/>	Because the service has had a change of ownership.
<input type="checkbox"/>	Because the service is now GST registered.	<input type="checkbox"/>	Because the service needs to deregister from GST.	<input type="checkbox"/>	New Playgroup.

GST Number

Please provide your GST number - if you are not GST registered then write NIL.
 If you were previously registered for GST and are deregistering, please write NIL.

Verified Bank Account Details for Future Payments

Attach a pre-printed deposit slip OR complete the following		
Bank		
Branch		
Account Name		
Account Number		
Bank and Branch	Account	Bank Stamp and Initial
		Suffix

To be certified by two signatories, one of whom must be the service provider contact/office bearer e.g. treasurer.
 Services with one signatory **MUST** write "sole signatory" in the second field

Signatory One	Signature X	Name (block letters)	Position Held
Signatory Two	Signature X	Name (block letters)	Position Held

Office Use Only

	Date	Initials	Checked
<input type="checkbox"/> Change/Add Bank Account – Playgroup ECD	Sent to Finance		
	Sent to Regional Office		
<input type="checkbox"/> Change/Add Bank Account – Licensed Service ECF	Sent to Finance		
	Sent to Regional Office		
<input type="checkbox"/> Change of Service Provider ID	Entered into Profiles		
	Sent to Regional Office		

RS3 Initial Application for Funding for an Early Childhood Service



This form collects information that the Ministry will use to calculate your service's first advance funding payment. It should be completed with advice from your regional Ministry of Education office.

Once the form is complete, return it to your regional office.

Make sure this form is signed by an appropriate person from your service's management and has been stamped and initialled by your bank or has a pre-printed deposit slip attached.

1. Early Childhood Service

Service Name in Full

Ministry of Education Service Number

Address

Contact Person

Contact Number

Entity Type – if you are a sole trader, please tick the box, otherwise leave blank

2. Verified Bank Account Details for Future Payments

1. Complete bank account details
2. Attached pre-printed deposit slip **OR** obtain bank stamp and bank teller's initials
(Note: any alterations must have bank stamp and bank teller's initials)
3. Complete both signatories **OR** services with one signatory **MUST** write "sole signatory" in the second field

Bank

Branch

Account Name

Account Number

Bank and Branch

Account

Bank Stamp and Initials

To be certified by two signatories, one of whom must be the treasurer/secretary.

Signatory One

Signature X	Name (block letters)	Position Held
-----------------------	----------------------	---------------

Signatory Two

Signature X	Name (block letters)	Position Held
-----------------------	----------------------	---------------

3. Financial Year End / GST Number

Enter the date that your service's financial year ends:

Day

Month

Please provide your GST number (**mandatory**). If you are not GST registered then write NIL.

Ministry of Education Office use only (completed by Regional Office):

Pay Unit / Organisation Number
(To create the Supplier Number)

4. Days of Operation

Enter the first five months from the date that the service was licensed.

For each month: - enter the number of days the service will operate as Teacher-led (TL) All Day (A) and Sessional (S), and
- enter the number of days the service will operate as Parent-led (PL).

Month										
Provision Type: Teacher-led (TL) & Parent-led (PL)	TL	PL								
Licence Class: All Day (A) & Sessional (S)	A	S		A	S		A	S		A
Forecasted days open										

5. Estimated Number of Children Attending and Estimated Hours

For each day of a chosen week i.e. during a week that you identify as being an average week in the period:

1. Estimate the average number of children per day for: Under 2, 2 & Over, 20 Hours ECE and Plus 10.
2. Estimate the total number of hours you can claim funding for per day for: Under 2, 2 and Over, 20 Hours ECE and Plus 10.
3. Estimate the total number of children who will receive 20 Hours ECE over the week.
4. Please include your enrolment list and waitlist documents with this form.

Note:

- You may claim funding up to:
 - 6 hours per day for Under 2 and / or 2 & Over **per licensed childplace**
 - 6 hours per day for 20 Hours ECE and / or Plus 10 **per eligible child**
- You may claim a maximum of:
 - 30 hours per week for Under 2 and / or 2 & Over **per licensed childplace**
 - 20 hours per week for 20 Hours ECE **per eligible child**
 - 30 hours per week for 20 Hours ECE + Plus 10 **per eligible child**
- Numbers expected to attend **must not** exceed the maximum number on your licence
- **The estimated average number of children must not exceed 75% of the licence maximum**
- The Ministry retains the right to reduce any advance funding paid to your service
- The Ministry retains the right to request proof and evidence to support the numbers claimed on this RS3 form
- Any overpayments that occur due to over-claims on this RS3 form are repayable to the Ministry immediately

Funding effective date	
------------------------	--

Day of Week		Mon	Tue	Wed	Thur	Fri	Sat	Sun
Subsidy Under 2	Children							
	Hours							
Subsidy 2 & Over	Children							
	Hours							
20 Hours ECE	Children							
	Hours							
Plus 10	Children							
	Hours							

6a. Proportion of Registered Teachers (Estimated Staff Hour Count)

Education and Care services and Kindergartens (with an All Day or Mixed licence) **MUST** complete this section.

If your service is Homebased, Parent/Whānau-led, Playcentre or Kindergarten (with a Sessional licence) **Go to Section 7.**

Proportion of Registered Teachers:

Your funding rate depends on the proportion of regulated (ratio) staff hours that are worked by staff who are ECE qualified or Primary qualified and holders of current practising certificates. For details about how this is usually calculated, and what hours to include, see the ECE Funding Handbook, which is available from www.education.govt.nz

The estimated staff hour count data for All Day Kindergartens is applicable to their "All Day" days only.

Follow the steps below to calculate your proportion of registered teachers for your first funding claim:

1. Estimate the number of regulated ratio hours worked by teachers during the first five months.
2. Total the hours under each heading (A and B) for both All Day and Sessional days; add these totals to find a grand total of All Day and Sessional hours (C).

Month	Operating Status	Estimated hours worked by ECE qualified and certificated teachers	Estimated hours worked by all other ratio teachers	
	All Day			
	Sessional			
	All Day			
	Sessional			
	All Day			
	Sessional			
	All Day			
	Sessional			
	All Day			
	Sessional			
	All Day			
	Sessional			
Total	All Day	= A	= B	= C (A+B)
	Sessional	= A	= B	= C (A+B)
3. Calculate the All Day percentage		<input type="text"/>	/ <input type="text"/> C	X 100 = <input type="text"/> %
4. Calculate the Sessional percentage (Not required for Kindergartens)		<input type="text"/>	/ <input type="text"/> C	X 100 = <input type="text"/> %

This percentage figure will be used to place your service into one of the following funding bands: 0-24%, 25-49%, 50-79% and 80%+. A higher band will give you a higher hourly funding rate per child-hour.

6b. Attestation of Certificated Teachers' Salaries

Services that want to access higher funding rates must pay all employed ECE and primary qualified certificated teachers at least at the amount(s) specified in the salary scale defined in the ECE Funding Handbook available on the Education.govt.nz website.

Once open, what salary scale described in the ECE Funding Handbook is your service using to determine the minimum salaries paid to all employed ECE and primary certificated teachers?

- No Salary Scale (No step)**
- Base Salary Scale (Step 1)**
- Parity Salary Scale (Step 1-6)**
- Extended Parity Salary Scale (Partial Step 1-11 + Partial Management Step)**
- Full Parity Salary Scale (Full Step 1-11 + Full Management Steps)**

By answering '**No Salary Scale (No step)**' to this question, your service is identified as having not met the funding conditions relate to the **minimum salary scales**. Your service will, therefore, be paid at the **lowest level of funding**.

By answering '**Base Salary Scale (Step 1)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **base funding rates**.

By answering '**Parity Salary Scale (Step 1-6)**' to this question, your service is identified as meeting the finding conditions for this **minimum salary scale**. Your service will therefore have access to the **parity funding rates**.

By answering '**Extended Parity Salary Scale (Step 1-11 + Partial Management Step)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **extended parity funding rates**.

By answering '**Full Parity Salary Scale (Step 1-11 _ Full Management Steps)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **full parity funding rates**.

7. Declaration

To be completed by the management of the named service.

You must complete the declaration in full or your application will not be processed.

I certify that, to the best of my knowledge, the information contained on this form is true and correct.

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all questions in full **or**
- if I do not provide documentation supporting the funding claim **or**
- if I do not make documents available for inspection **or**
- if I do not tell the Ministry of Education of changes that may affect funding claims or rates

then

- The funding claim may be reviewed and funding withheld **and / or**
- I will have to pay back the total amount of any overpayment **and / or**
- I may be prosecuted and fined or imprisoned.

By signing this declaration, I am confirming that this funding claim is made in accordance with the conditions outlined in the *Early Childhood Education Funding Handbook* and that the Ministry can withhold all or some of the funding if there is a breach of any of these conditions.

Name			
Signature	X		
Date	/	/	
Designation			

Ministry of Education use only

Regional Office acknowledgement (mandatory)

Name			
Signature	X		
Date	/	/	

ECE Resourcing processing:

	Date	Initial	Checked
Data Entered			
Sent to Finance			

 Te Tāhuhu o te Mātauranga Ministry of Education		Application for Change of Quality/Standard Funding Rate for Te Kōhanga Reo	EC11 TKR
		DATE RECEIVED	(Office only) / /
When to use this application: <ul style="list-style-type: none"> • New Kōhanga Reo that are not teacher-led Kōhanga Reo are automatically placed on standard funding rate. This form should be completed if you wish to change to and from quality funding rate for both, new and existing Kōhanga Reo. Kōhanga Reo must meet the required criteria, set out in Chapter 3-C-4 of the Early Childhood Education Funding Handbook, at the time of applying. Applications will not be approved retrospectively. • Applications must be sent to Te Kōhanga Reo National Trust to be processed and endorsed before being sent to the Ministry. • Send the completed forms to your local office. To find the Local office addresses, go to the Ministry website at www.education.govt.nz and click on 'Contact us' 			
1. Kōhanga Reo			
<div style="border: 1px solid black; padding: 10px; text-align: center;"> Te Kōhanga Reo National Trust stamp here </div> <p>EC11 TKR Application endorsed by Te Kōhanga Reo National Trust</p> <p>(/ /) Date</p>	Kōhanga Reo ID number and Name in full Kōhanga Reo Ministry of Education Number (printed on licence) Te Kōhanga Reo National Trust ECA ID number ECA445		
	Kōhanga Reo Address		
2. Funding Level			
<p>I am applying to move to (<i>tick one only</i>)</p> <p><i>Effective date for Quality funding rate cannot be before the form is received by the Ministry of Education.</i></p>	<input type="radio"/>	Standard Funding Rate	(/ /) Date effective from
	<input type="radio"/>	Quality Funding Rate	(/ /) Date effective from

3. Qualified Kaimahi

Te Kōhanga Reo National Trust endorsement of whānau qualifications

Attach another sheet listing the whānau details if there is not enough space here.

Te Kōhanga Reo National
Trust stamp here

trained kaimahi who	qualification	qualification*	Hours of employment						
			Mo	Tu	We	Th	Fr	Sa	Su

*Please include final year or Tohu where applicable.

4. Record Keeping

- The Kōhanga Reo whānau will maintain a staffing record for all periods that the Kōhanga Reo is open.
- The record will clearly indicate the names of the trained kaimahi and whānau; their qualifications; the days and hours (i.e. the times of arrival and times of departure) worked by each person.
- The record will be available for inspection by authorised Education Review Office and Ministry of Education staff. Copies of qualifications will be available for inspection at all times.
- All record keeping requirements are outlined in the ECE Funding Handbook.

I have read and understand the record keeping requirements.

5. Declaration

To be completed by the whānau of the named Kōhanga Reo (*you must complete this declaration in full or your application will not be processed*)

I confirm that this Kōhanga Reo meets the required criteria for staffing qualifications and ratios at all times that is operating; refer to the Early Childhood Funding Handbook for further details.

I certify that the information in this application is correct.

Name

Signature

Date

Position held

 Te Tāhuhu o te Mātauranga Ministry of Education	 Te Mahau	Application for Change of Quality/Standard Funding Rate for Playcentres	EC11 Playcentre												
DATE RECEIVED (Office only) / /															
When to use this application: <ul style="list-style-type: none"> • New playcentres are automatically placed on standard funding rate. This form should be completed if you wish to change from standard funding to quality funding and vice versa. This form can be used for both new and existing playcentres. • Playcentres must meet the required criteria at the time of applying. Applications will not be approved retrospectively. • Send the completed forms to your local office: www.education.govt.nz and click on 'Contact us'. 															
1. Playcentre details <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Playcentre name</td> <td colspan="3"></td> </tr> <tr> <td>Service number (printed on licence)</td> <td colspan="3"></td> </tr> <tr> <td>Playcentre address</td> <td colspan="3"></td> </tr> </table>				Playcentre name				Service number (printed on licence)				Playcentre address			
Playcentre name															
Service number (printed on licence)															
Playcentre address															
2. Funding rate <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 25%; vertical-align: top;"> <i>I am applying to move to: (tick one only)</i> <i>Effective date for quality funding rate cannot be before the form is received by the Ministry of Education.</i> <i>Playcentres must ensure appropriate records have been kept from their chosen effective date.</i> </td> <td style="width: 25%; text-align: center;"> <input type="radio"/> </td> <td style="width: 25%; text-align: center;"> Standard Funding Rate </td> <td style="width: 25%; text-align: center;"> (/ /) Date effective from </td> </tr> <tr> <td style="text-align: center;"> <input type="radio"/> </td> <td style="text-align: center;"> Quality Funding Rate </td> <td style="text-align: center;"> (/ /) Date effective from </td> </tr> </table>				<i>I am applying to move to: (tick one only)</i> <i>Effective date for quality funding rate cannot be before the form is received by the Ministry of Education.</i> <i>Playcentres must ensure appropriate records have been kept from their chosen effective date.</i>	<input type="radio"/>	Standard Funding Rate	(/ /) Date effective from	<input type="radio"/>	Quality Funding Rate	(/ /) Date effective from					
<i>I am applying to move to: (tick one only)</i> <i>Effective date for quality funding rate cannot be before the form is received by the Ministry of Education.</i> <i>Playcentres must ensure appropriate records have been kept from their chosen effective date.</i>	<input type="radio"/>	Standard Funding Rate	(/ /) Date effective from												
	<input type="radio"/>	Quality Funding Rate	(/ /) Date effective from												
<i>If applying for quality funding rate, please indicate which option(s) your playcentre will use to be eligible for the funding.</i> <i>Please indicate which sessions will use which option.</i> <i>Please refer to section 3-C-3 of the Funding Handbook for details of the available options.</i>	Option	Session day/time													
	<input type="radio"/>	Option 1a													
	<input type="radio"/>	Option 1b													
	<input type="radio"/>	Option 1c													
	<input type="radio"/>	Option 1d													
	<input type="radio"/>	Option 1e													
	<input type="radio"/>	Option 1f													
	<input type="radio"/>	Option 1g													
	<input type="radio"/>	Option 1h													
<input type="radio"/>	Option 2														

3. Record Keeping

- The Playcentre management will maintain a staffing record for all periods that the Playcentre is open.
- The record will clearly indicate the names of the trained adults; their training; the days and hours (i.e. the times of arrival and times of departure) each person was on session. For playcentres receiving quality funding, the record will indicate which quality funding rate option was being used for each session.
- The record will be available for inspection by authorised Education Review Office and Ministry of Education staff. Copies of qualifications will be available for inspection at all times.
- All record keeping requirements are outlined in the ECE Funding Handbook.



I have read and understand the record keeping requirements.

4. Declaration

To be completed by the management of the named playcentre (*you must complete this declaration in full or your application will not be processed*)

I confirm that this playcentre meets the eligibility criteria for the selected funding rate at all times that it is operating.

I certify that the information in this application is correct.

Name	
Signature	
Date	
Position held	

What is this form for?

This form is used to record an agreement between parents/guardians and an Early Childhood Service for an exemption to the absence rules.

- If a child is absent from an early childhood service on a day they are enrolled to attend, the Ministry of Education still pays the service a subsidy for that child to ensure they receive stable funding (this covers, for example, childhood sickness)
- The Absence Rules set limits on this funding – if a child is absent for longer than three weeks or shows a pattern of frequent absences, funding to cover their absences will cease. See the Early Childhood Funding Handbook for details about the Absence Rules.
- Children with special needs or health problems may be exempted from the absence rules. You may claim funding for absences of children whom are exempt from the Absence Rules for a longer period, provided this form (EC12) has been completed and the correct supporting documentation attached.
- This agreement must be supported by documentation, which is to be attached to the completed form. See the “Documents Attached” section for details about suitable documentation.

Who should fill in the form?

The form should be filled in by the service that is applying for the exemption, and signed by the child's parent or guardian.

What to do with the form once it is signed?

The form and its attachments must be held on file at the service, and be made available for audit purposes.

Service Details			
Name of Early Childhood Service			
Service Number			
Child Details			
Last Name / Family Name			
First Name / Given Name			
Date of Birth			
Child's Usual Enrolment			
	From	To	Notes / explanation (eg 'every 2nd Monday')
Monday	am/pm	am/pm	
Tuesday	am/pm	am/pm	
Wednesday	am/pm	am/pm	
Thursday	am/pm	am/pm	
Friday	am/pm	am/pm	
Saturday	am/pm	am/pm	
Sunday	am/pm	am/pm	
Brief details about why the child may not be able to attend according to this enrolment:			
<input type="text"/> <input type="text"/> <input type="text"/>			

Documents Attached

(tick one only)

- Individual Development Programme
- Medical Certificate (use EC13 form)
- Child Disability Allowance
- Other documentation (please give details)

(approved by)

(date)

(date)

Privacy Statement (Privacy Act 2020)

The information on this form and on its attachments is supplied only to the Ministry of Education and the early childhood service to which this application applies for the purpose of continued funding for the extended absence or irregular attendance on the grounds of special needs or for health reasons.

Declaration

I certify that, to the best of my knowledge, the information contained on this form is true and correct in every particular.

By signing this declaration, I am confirming that this attendance rule exemption agreement is made in accordance with the conditions outlined in the current Early Childhood Education Funding Handbook

Parent Guardian	Signature X	Name (block letters)	Date / /
Service Management	Signature X	Name (block letters)	Date / /

For Ministry of Education use only

For Audit Use	Date audited / /	Approved / /
----------------------	---------------------	-----------------

EC13 Medical Certificate to support application for
exemption from absence rule for Special and/or
Health Needs

[UNCLASSIFIED]



What is this form for?

This form is used to document medical reasons that support an agreement between parents/guardians and an Early Childhood Service for an exemption to the absence rules.

Who should fill in this form?

This form should be completed by a registered medical practitioner.

What to do with the form once it is completed

The form must be returned to the named Early Childhood Service. The service must attach it to the EC12 which documents the agreed absence rules exemption.

Details

Name

Name of Early Childhood Service

A

Diagnosis:

B

Reason why the medical condition prevents this child from attending an early childhood service for an extended period or on a regular basis.

C

On these grounds I consider that this child either *(tick all that apply)*

(State time period)

is not able to attend the named early childhood service for:

(State time period)

And/or

may not be able to regularly attend the early childhood service for:

Privacy Statement (Privacy Act 2020)

The information on this form and on its attachments is supplied only to the Ministry of Education and the early childhood service to which this application applies for the purpose of continued funding for the extended absence or irregular attendance on the grounds of special needs or for health reasons.

Declaration

I certify that, to the best of my knowledge, the information contained on this form is true and correct in every particular.

Medical Practitioner

Signature

	Name (block letters)	Date
/	/	

Address

1. This form is for licensed early childhood services, including home-based care networks, wishing to receive equity funding for providing early childhood education in a language and culture other than English (including sign language).
2. Services must meet the criteria at the time of applying.
3. If your eligibility changes in the future, you must advise the Resourcing Division of the Ministry of Education. Eligibility will be subject to ongoing review by ERO and Ministry of Education staff.
4. If you have any queries, please contact the Resourcing Contact Centre on 0800 ECE ECE (0800 323 323) or email: ece.resourcing@education.govt.nz
5. Send the completed form to: ECE Resourcing
PO Box 1666
Wellington 6140 or email to ece.resourcing@education.govt.nz

Early Childhood Service

Service Name in Full	
Ministry of Education Service Number	
Service Address	
Contact Person for queries about this form	
Contact Number	

Main language of Communication

Main language of communication is the language used for communication for **more than half the time that staff** (e.g. trained, untrained, paid and unpaid staff) are engaged with children during the formal education and care programme. While untrained and unpaid staff involved in the planning, evaluation and delivery of the curriculum count towards eligibility, any staff involved in administration or just on the premises (e.g. not engaged with the children) do not.

The main **language of communication** in the service is

The service meets both of the following criteria:
(tick to acknowledge)



Staff (both paid and unpaid) plan and evaluate the curriculum for children using the kaupapa/cultural framework associated with the main language of communication;

And



Staff (both paid and unpaid) deliver the curriculum for children using the main language of communication.

You must complete this declaration in full or your application will not be processed.

To be completed by the Management of the named service

I confirm:

This service meets the required criteria for providing early childhood education in a language and culture other than English (including sign language) during the formal education and care programme.

The service will keep a staffing record for all periods that the service is open. This will clearly show:

- Names of the staff (both paid and unpaid), and
- Their main language of communication; and
- The hours for which staff members deliver the curriculum for children using the main language of communication.

Note that staff involved in administration or just on the premises do not count towards eligibility.

Funding for the “Language and Culture other than English” component of equity funding may be adjusted if the service is found not to meet the criteria.

I certify that the information in this application is correct.

Name	Signature
Designation	Date / /

Office use only



Entered

Date entered:

/ /

Officer's initial:

Checked:

 	Application for home-based educator emergency closure due to an infectious disease	EC30 HB – Home-based educator emergency closure
DATE RECEIVED (Office only) / /		
<p>When to use this application:</p> <ul style="list-style-type: none"> This form collects information that the Ministry requires for the approval of home-based educator emergency closure. Where a home-based educator is unwell and not able to provide education and care due to infectious disease/illness, services can apply for emergency closure approval. Absence funding will be applied in these instances. The use of emergency closure approval in this circumstance only applies to the educator who has an infectious disease, not other residents in their household. More information and guidance relating to infectious diseases can be found in the Licensing Criteria for home-based ECE services, HS23 Response to Infectious illness Services will need to consider alternative options, including offering other educator options to families where an educator is not operating due to an infectious disease. If requested services may need to provide evidence relating to educator absences due to infectious diseases and what alternative options to provide care for children were explored. The type and level of evidence required will depend on the context of the situation. E.g. communications between the educator and service provider; service provider and parent. Home-based services must meet the required criteria, as outlined in ECE Funding Handbook, at the time of applying. Applications can be submitted monthly to the local Ministry office. Any applications older than one calendar month will not be approved. 		
<p>Send the completed forms to your local office: www.education.govt.nz</p> <p>Please retain a copy of this form and the letter of approval for audit purposes.</p>		
1. Home-based service		
<p>Home-based Service Name</p>		
<p>Service Number (printed on licence)</p>		
<p>Home-based Service Address</p>		

2. Educator absence

Educator name	Reason for educator emergency closure due to infectious disease	Dates of emergency closure

3. Declaration

To be completed by the management of the named home-based service (*you must complete this declaration in full or your application will not be processed*)

I can confirm that:

- We have attempted to offer other educator options to the families of the enrolled children that attend the above educator/s' home/s.
- The educator/s was/were unable to provide education and care due the educator/s being unwell with an infectious disease as detailed in point 2.

I confirm that the information in this form is true and correct and that the named home-based service meets all other requirements (refer to the Early Childhood Funding Handbook for further details).

I certify that the information in this application is correct.

Name

Signature

Date

Position held