

**A SAMPLE THAT COVERS THE NECESSARY FUNDING REQUIREMENTS**

**Enrolment Information, 20 Hours ECE Enrolment Hours and Attestation Information for Early Childhood Education Services**

◆ For funding purposes 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:

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:*

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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.***

<b>Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:

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

**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 cannot 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:

<b>Child's doctor:</b>							
Name:			Phone:				
Name of medical centre:							
<b>Medicines</b>							
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.							
<b>For staff:</b> Individual health plan sighted and a copy taken:						Yes <input style="width: 20px; height: 20px;" type="checkbox"/>	No <input style="width: 20px; height: 20px;" type="checkbox"/>
<i>Tick One:</i>							
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: ____ / ____ / ____			
<b>◆ Enrolment Details:</b>							
Date of Enrolment: ____ / ____ / ____    Date of Entry: ____ / ____ / ____    Date of Exit: ____ / ____ / ____							
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.							
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday		
Times Enrolled:						Total hours:	
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>							
20 Hours ECE at this service						Total hours:	
20 Hours ECE at another service						Total hours:	
Parent/Guardian Signature:				Date: ____ / ____ / ____			

◆ <b>20 Hours ECE Attestation:</b>			
1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?			
	<i>Tick One</i>	Yes	No
		<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?			
<i>Tick One</i>		Yes	No
		<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:			
<ul style="list-style-type: none"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>			
Parent/Guardian Signature: _____		Date: ____ / ____ / ____	

◆ <b>Dual Enrolment Declaration</b>	
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at [insert name of service].	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

◆ <b>Optional Charges:</b>
<i>If you request Optional Charges, this agreement must be included as part of your service’s Enrolment Agreement Form.</i>
<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"> <li>▪</li> <li>▪</li> </ul>

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		King'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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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.
- **Excursions:** Permission for the child to take part in regular excursions. Add your services regular excursion requirements. (parents have given prior written approval to their child's participation and of the proposed ratio, location and method of travel)
- **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)
- **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:**

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_