

**Physical Address:**  
61 Beaumonts Way  
Manurewa 2102  
Phone: (09) 269 1048  
**Office hours:**  
Monday- Friday, 8am- 5:30pm



**Postal Address:**  
30 Hilltop Road  
Flatbush, Auckland 2019  
Email: [covenantkids@mcctrust.nz](mailto:covenantkids@mcctrust.nz)  
[www.covenantkids.co.nz](http://www.covenantkids.co.nz)

## Enrolment Agreement Form

Any changes to the original Enrolment Agreement Form must be initialled and dated by the parent/guardian or authorised signatory.  
**PLEASE PRINT CLEARLY**

### ◆ Child's details:

Child's **OFFICIAL** surname / family name:  
(if different from above)

First name:

Child's **official other names / middle names:**  
(please separate names with a comma):

Copy of **official identity verification document**<sup>1</sup> will be collected by staff:

*1 Proof of your child's age and citizenship; birth certificate, passport, citizenship certificate or NZ residency document. The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service*

New Zealand birth certificate   
New Zealand passport   
Other \_\_\_\_\_

Foreign birth certificate   
Foreign passport   
**Staff initials:** \_\_\_\_\_

Child's date of birth:    dd / mm / yyyy

Male

Female

### Name your child is known by / PREFERRED name:

Surname / family name: \_\_\_\_\_ First name: \_\_\_\_\_

Child's primary residential address:

Phone Number:

Post Code:

Child's ethnic origin/s:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Iwi your child belongs to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language/s spoken at home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Standard of English: **(Please tick one)**

**Can** understand greetings, simple instructions, questions in English?

Yes

No

How did you learn about our Preschool?

### Child's doctor:

Name of Doctor:

Phone:

Name of medical centre:

Address:

**Child's Health:**

Does your child have any chronic illnesses or allergies? Tick One Yes  No   
 If Yes, please specify: \_\_\_\_\_

Will your child be immunised? Tick One Yes  No

If your child has been immunised, please provide verification. Tick One Yes  No

**For staff:** Immunisation records sighted and details recorded Tick One Yes  No

Our Policy: if your child is sick, please keep them at home and take your child to the doctor. Your child may return to Preschool when well.

Does your child require long term or on-going medication that is for the use of your child only (provided by a parent, as part of an individual health plan)? (e.g. an ongoing condition such as asthma or eczema etc.) .  
Tick One Yes  No

If yes, please complete Individual Health Plan

**For staff:** Individual Health Plan sighted, details recorded, and a copy in the Health Plan folder?  
Tick One Yes  No

In case of emergency and when parents/caregivers are unable to be contacted, I authorise the Preschool to seek medical advice in the best interest of my child. Tick One Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Opening Hours and Charges:**

We are open Monday to Friday from 8:00am – 5:30pm. Our charges are defined in the attached Fees policy. Please take it, read it and ask for clarification if anything is unclear, before your child's start date.

**For staff:** Confirm Fees policy given to parent/guardian Yes  No

**When filling in this next section, please be aware of any fees that may apply-(see supplied Fees policy).**

**◆ 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 | Total hours: |
|-----------------|--------|---------|-----------|----------|--------|--------------|
| Times Enrolled: |        |         |           |          |        |              |
| Hrs per day     |        |         |           |          |        |              |

**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  |

Please Note: If your child does **not** attend regularly for the hours booked, we may change your booking to reflect their actual attendance.  
**Two weeks' notice in writing** is required if a parent wishes to withdraw their child from Preschool.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

◆ **20 Hours ECE Attestation:** *(only applicable if child is 3yrs or older)*

Is your child receiving "20 Hours ECE" for **up to six hours per day**, 20 hours per week at this preschool?

Tick One

Yes

No

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 declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at this Preschool.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

◆ **Previous Pre-School attendance :**

Has your child attended any other Early Childhood Education centre in the last 6 months?

Tick One

Yes

No

If yes:

How many hours per week? \_\_\_\_\_

Name of Centre \_\_\_\_\_

Location of Centre: \_\_\_\_\_

Centre Phone number \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

◆ **Statutory Holidays / Term Breaks**

This enrolment agreement is exclusive of statutory holidays and **school term breaks** (we close for the **first week** of each school term break, and for **3 weeks** in December/January each year). If you wish your child to attend during the week that we are closed in each term break, please talk to us as we may be able to accommodate them at our Centre in Flatbush (which is open the week that we are closed). Please inform us of your intention to send your child to our Flatbush Centre, before the break starts.

| Parent / Guardian (A)  | Parent / Guardian (B)  |
|--|--|
| First name(s):   | First name(s):   |
| 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: <i>(write clearly)</i>  | Email: <i>(write clearly)</i>  |
| Occupation: <i>(Optional)</i>  | Occupation: <i>(Optional)</i>  |
| Relationship to child:   | Relationship to child:   |
| Allowed to Collect: Yes <input type="checkbox"/> No <input type="checkbox"/> | Allowed to Collect: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>  | Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Parent/Guardian Signature: _____   | Parent/Guardian Signature: _____   |

**Our preferred method of communication with you about your child is via Storypark**

May we Email Invoices/Statements

Tick One

Yes  No

Invoice Fees to whom:

Select Parent/Guardian

A  or B

Would you like to register for Storypark?

Tick One

Yes  No

| Emergency Contacts: <i>In the instance that the Preschool cannot contact either parents or guardians</i> |  |
|--|--|
| First name(s):   | First name(s):   |
| Surname / family name:   | Surname / family name:   |
| Address:   | Address:   |
| Post Code:   | Post Code:   |
| Phone (Home):  | Phone (Home):  |
| Phone (Work):  | Phone (Work):  |
| Email:   | Email:   |
| Relationship to child:   | Relationship to child:   |
| Allowed to Collect: Yes <input type="checkbox"/> No <input type="checkbox"/>                             | Allowed to Collect: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If allowed to collect, obtain contact's signature  | If allowed to collect, obtain contact's signature                            |
| Signature: _____   | Signature: _____   |
| Person/s who <u>cannot</u> pick up your child:   |  |
| Name:  | Name:  |

## Authorisation for someone to collect your child :

If you want to allow anyone other than those listed on P4 to collect your child, we will require the following information from you in writing:-

- Their name.
- Their relationship to your child.
- Their contact number.
- Their signature.
- Please write your name and sign and date the authority.

Please note the authority will remain in place until cancelled by you in writing.

## 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)

Copies of court documents received and on file

## Other information:

**Policy Statement:** The Preschool has policies and procedures that guide our practice for the care, safety 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 and procedures of this service, and understand that you can have input into the review of our policies and procedures.

A **POLICY FOLDER** is available in the preschool office for viewing and commenting on, if you wish to do so.

## Permissions and Declarations: *(Please answer each question)*

**Photo/Video:** Permission for the child to be photographed for the purpose of assessment, planning and evaluation and for in-Preschool wall displays **Yes  No**

Permission for the child's photograph to be used for advertising, promotional materials, and our Preschool website.

**Yes  No**

**Confidentiality:** I understand that each child's portfolio will be accessible to them and their family/whanau and I confirm that I respect the confidentiality of other children's documentation. **Yes  No**

**Excursions:** Permission for the child to take part in a regular or spontaneous excursion (under the conditions stated in the Preschools excursions policy for trips in the wider community outside of the Preschool). **Yes  No**

**Privacy Statement:** We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.

We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes. You can find more information about your child's Early Childhood Education at

<http://parents.education.govt.nz/parents>

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ◆ 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 this preschool, I declare that this form has been checked and all relevant sections have been completed.

**Service Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- ❖ I give permission for the Preschool to create an online portfolio for my child.
- ❖ I understand that my child's portfolio will be accessible to only me and whoever I choose to invite, such as my family or any other external agency.
- ❖ I confirm that I will respect the confidentiality of other children's photos and documentation by not sharing them on any form of social media.
- ❖ *I give permission for group learning stories to be published understanding this may include my child's photo.*
- ❖ I agree to my child being included in group stories which will be accessible to families.

|                              |  |
|------------------------------|--|
| Child's Name:<br>(Preferred) |  |
| D.O.B:                       |  |
| Parent's Name:               |  |
| Email Address:               |  |

**Date:**

**Signature:**