



Enrolment Agreement Form

Child's official surname or family name: _____

Child's official given name: _____

Child's official other names / middle names: _____

Name your child is known by / preferred name: _____

Sibling already attending centre Name: _____

Official identity verification document sighted by staff for NSN verification:

- New Zealand Birth Certificate Foreign Birth Certificate Foreign Passport
 New Zealand Passport Other _____ Unable to provide identification

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

Male Female

Child's ethnic origin/s: _____ _____	Iwi your child belongs to: _____ _____	Language/s spoken at home: _____ _____
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Child's primary residential address: _____

_____ Post Code: _____

Privacy Statement:

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* (NSN) 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 purpose of monitoring and licensing.

**A National Student Number (NSN) 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 Numbers (NSN) or NZQA website.*

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, when if received, should be securely destroyed once verified.

For Office Use Only

Identity record copied for NSN (if required)

ID Securely Destroyed: ____ / ____ / ____

Immunisation record copied and held with enrolment

Signature: _____

Date of Entry: _____

Date of Exit: _____

Any changes to this form must be signed and dated by both the parents/caregiver and City Impact Church Childcare Queenstown.



Parents / Guardians

Relationship to child: _____ First name: _____ Surname / family name: _____ Address: _____ _____ Phone (mobile): _____ Phone (home): _____ Phone (work): _____ Email: _____	Relationship to child: _____ First name: _____ Surname / family name: _____ Address: _____ _____ Phone (mobile): _____ Phone (home): _____ Phone (work): _____ Email: _____
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Emergency Contacts (Adults who are permitted to pick up your child – other than the above)

Relationship to child: _____ First name: _____ Surname / family name: _____ Address: _____ _____ Phone (mobile): _____ Phone (home): _____ Phone (work): _____ Email: _____	Relationship to child: _____ First name: _____ Surname / family name: _____ Address: _____ _____ Phone (mobile): _____ Phone (home): _____ Phone (work): _____ Email: _____
Relationship to child: _____ First name: _____ Surname / family name: _____ Address: _____ _____ Phone (mobile): _____ Phone (home): _____ Phone (work): _____ Email: _____	Relationship to child: _____ First name: _____ Surname / family name: _____ Address: _____ _____ Phone (mobile): _____ Phone (home): _____ Phone (work): _____ Email: _____

Custodial Statement

Are there any custodial arrangements concerning your child? Yes No

If YES, please give details of any custodial arrangements or court orders (a copy of any court order is required):

Name of person/s who **CANNOT** pick up your child:

Name: _____ Name: _____

Name: _____ Name: _____

Any changes to this form must be signed and dated by both the parents/caregiver and City Impact Church Childcare Queenstown.



Child's Doctor

Name of Medical Centre: _____

Name of Doctor: _____ Phone: _____

Child's Health

Early childhood services are required, as per the Health (Immunisation) Regulations 1995, to ask parents or guardians of a child to provide the Immunisation Record for each child attending their service and record the information from the Immunisation Record – or the fact that was not shown – on the Immunisation Register.

Illness / Allergies: _____

Is your child up-to-date with immunisations? (Please provide verification of all immunisations) Yes No

For staff: Immunisation records sighted and details recorded Yes No

Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid/cream, 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.

- Arnica Cream (Anti-Flamme brand)
- Antiseptic Cream/Spray (Thursday Plantation brand)
- Insect Bite Cream (Anthisan brand)

Do you approve category (i) medicines to be used on your child? Yes No

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

Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops, paracetamol, cough syrup, etc.) or non-prescription (such as Bonjela, nasal spray, 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 Maori (Maori 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 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 ongoing condition such as asthma, eczema and/or allergies.

Does your child require an individual health plan? Yes No

For staff: Individual health plan completed Yes No

Name of Medicine: _____ Method and dose of medicine: _____

When does the medicine need to be taken (specific time and/or symptoms): _____

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

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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.

CITY IMPACT CHURCH ECE CENTRES ARE NOT OPEN ON NZ STATUTORY/PUBLIC HOLIDAYS

The minimum number of sessions per week at this centre is 2 sessions per week (inclusive of School Term Break)

Requested Start Date: ____ / ____ / ____

Session Times	Monday	Tuesday	Wednesday	Thursday	Friday
8.30am – 12.30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1pm – 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.30am – 3.30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8am – 5.30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dual Enrolment Declaration:

I hereby declare that **my child is / is not enrolled** (*please circle one*) at another early childhood institution at the same times that he/she is enrolled at City Impact Church Childcare.

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

For 20 Hours ECE, fill out the boxes below with the attested hours, e.g. 6 hours						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
20 Hours ECE at this service (OFFICE TO COMPLETE)						
20 Hours ECE at another service						

20 Hours ECE Attestation:

- 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
- 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 the box above.

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

Any changes to this form must be signed and dated by both the parents/caregiver and City Impact Church Childcare Queenstown.



Statutory Holidays / School Holidays

This enrolment agreement is **inclusive** of Statutory Holidays and School Term Breaks.

City Impact Church Childcare is not open on the following public holidays if they fall on a weekday.

New Year's Day – Closed	Easter Monday – Closed	Christmas Day – Closed
Day after New Year's Day – Closed	ANZAC Day – Closed	Boxing Day – Closed
Waitangi Day – Closed	King's Birthday – Closed	Local Anniversary Day – Closed
Good Friday – Closed	Labour Day – Closed	Matariki – Closed

Please sign here to indicate that you understand what is outlined regarding Statutory Holidays and School Term Breaks.

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

Additional Information Required for Licensing Purposes

Excursions

I give permission for my child to take part in excursions within the church site, having read and agreed with the excursion procedures outlined in the Travel and Excursion Policy.

Yes No

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

Storypark

This is a secure online portal where centre staff record your child's development, which is then available to you via app/web to engage with.

Do you give permission for your child to have a Storypark profile? Yes No

Please provide at least one email address you wish to give Storypark access to:

Email: _____

Email: _____

Photo/Video/Multimedia

I give permission for my child to be photographed for the purposes of assessment, planning, and evaluation, inclusive of individual and group learning stories and community posts via Storypark, centre-wide planning displays, professional development and teachers' recertification.

Yes No

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

I give permission for my child to be photographed and filmed for the purposes of Childcare and church community multimedia production, inclusive of public forums such as the City Impact Church Childcare website and/or Facebook.

Yes No

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

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Conditions of Enrolment

- City Impact Church Childcare has a unique Christian Philosophy and Biblical Curriculum.
- City Impact Church Childcare has a number of policies 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 all the policies and procedures of this service and understand how you can have input into policy review.
- You accept responsibility for the payment of all fees. Where fees remain unpaid, and no arrangement has been made between you and the Centre as to the payments, you agree to abide by all the conditions set out in the Childcare's financial policy, which is available in our enrolment pack.
- You acknowledge that you will inform City Impact Church Childcare four weeks in advance in writing if you wish to withdraw your child. Failure to do so will require you to pay four weeks' fees for each child in lieu.

I acknowledge and agree to the above conditions of enrolment:

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

Parent Declaration:

I declare that the information in this form is true and correct to the best of my knowledge.

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

Service Declaration (office to complete):

On behalf of City Impact Church Childcare – Queenstown, I declare that this form has been checked, and all relevant sections have been completed.

Childcare Service Signature: _____ Date: ____ / ____ / ____

Any changes to this form must be signed and dated by both the parents/caregiver and City Impact Church Childcare Queenstown.



Childcare

All About Me!

Welcome! We look forward to partnering with you and working together to support your child and ensure the best possible learning outcomes for your child. Please fill out the information below to help us get to know you and your whanau better.

What are your hopes, aspirations and goals for your child while they are at Childcare?

Things I like doing:
My current interests:

Language/s I speak at home:
Cultural celebrations that are significant to me:

Allergies/medical conditions/health concerns:

My name is:

My birthday is:

Important people in my life (mum, dad, siblings etc):

Any other important information about me:

Things that help me settle and feel safe:

I sleep during the day: Yes/No

I am in nappies: Yes/No

I am learning to use the toilet: Yes/No

I can use the toilet by myself: Yes/No