



## 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: \_\_\_\_\_

**Other 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: \_\_\_\_\_

**How did you hear about us?**

- Friend/family       Advertising       Website       Social Media      Other \_\_\_\_\_

**Privacy Statement:**

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 (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**

Date of Enrolment: \_\_\_\_\_      ID Sighted: \_\_\_\_\_

Date of Entry: \_\_\_\_\_      Date of Exit: \_\_\_\_\_

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



## Parents / Guardians

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

## Emergency Contacts (Adults who are permitted to pick up your child - other than the above)

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

## Custodial Statement

Are there any custodial arrangements concerning your child?  Yes  No

If YES, then 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: \_\_\_\_\_

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# Childcare

## Enrolment Details

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

1. Is your child receiving **20 Hours ECE** for up to six hours per day, 20 hours per week at this service? (tick one)

Yes     No

2. Is your child receiving **20 Hours ECE** at any other services? (tick one)

Yes     No

If yes to either or both of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of **20 Hours ECE** per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for **20 Hours ECE**.
- You consent to the early childhood education service providing relevant information to the Ministry of Education and to other early childhood education services your child is enrolled at, about the information contained in the box above.

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## 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.  
**Fees are still payable during this time.**

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, using the agreed method of travel (e.g. walking) and at the adult-to-child ratios outlined in the Travel and Excursion Policy. I confirm I have read and agree to the excursion procedures in the 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: \_\_\_\_\_

### Photos/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, including use in public forums such as the City Impact Church Childcare website, social media (e.g. Facebook/Instagram), and promotional or advertising material (including paid advertising).

Yes     No

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

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## Child's Health

**Medical Centre and/or Doctors Name:** \_\_\_\_\_

**Health Conditions / Allergies:** \_\_\_\_\_

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 medication need to be taken (specific time and/or symptoms): \_\_\_\_\_

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

**First Aid Treatment**

A non-prescription preparation (such as arnica cream, antiseptic liquid/cream, insect bite treatment) that is not ingested may be 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 ((HealthE brand)
- Insect Bite Cream (Anthisan brand)

**Do you approve the above first aid treatments to be used on your child?**

Yes  No

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

## 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 Centre'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 parent/caregiver and City Impact Church Childcare Queenstown