



## Inspired Minds Early Learning Centre ENROLMENT FORM

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Tikipunga  
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Admin@inspiredmindsearlylearningcentre.co.nz

Phone (09) 4376357  
02102403506  
[www.InspiredmindsEarlyLearningCentre.co.nz](http://www.InspiredmindsEarlyLearningCentre.co.nz)

### ◆ 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:

Copy of official identity verification document\* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

Child's date of birth:    d d   /   m m   /   y y y y

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's primary residential address:

Post Code:

### ◆ 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 national student numbers at: [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents)

\* Information about acceptable identity verification documents is available online at

[www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).

**The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.**

<b>Parents / Guardians:</b>	
Title: Mrs Miss Mr Ms (please circle)	Title: Mrs Miss Mr Ms (please circle)
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code
Relationship to child:	Relationship to child:
Occupation:	Occupation:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Title: Mrs Miss Mr Ms (please circle)	Title: Mrs Miss Mr Ms (please circle)
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Occupation:	Occupation:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

<b>Emergency Contacts: (authorised to uplift child from Inspired Minds)</b>	
Title: Mrs Miss Mr Ms (please circle)	Title: Mrs Miss Mr Ms (please circle)
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code	Post Code:
Relationship to child:	Relationship to child:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

<b>Custodial Statement</b>
Are there any custodial arrangements concerning your child?
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)

<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

<b>Child's doctor:</b>	
Name:	Phone:
Name of medical centre:	

<b>Health</b>			
Does your child have any childhood illness or allergies?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:			
Special Diets:	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:			
Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please provide verifications of all immunisations)			
Immunisations record sighted and details recorded:	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Medicine</b>	
<b>Category (i) Medicines</b>	
A category (i) medicine is a non-prescription preparation 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.	
Do you approve category (i) medicines to be used on your child	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child	
<ul style="list-style-type: none"> <li>▪ Zinc and castor oil nappy cream</li> </ul>	<ul style="list-style-type: none"> <li>▪ Crystaderm</li> </ul>
<ul style="list-style-type: none"> <li>▪ Arnica</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plasters</li> </ul>
<ul style="list-style-type: none"> <li>▪ Saline</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sunscreen</li> </ul>
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	
<b>Category (ii) Medicines</b>	
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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:

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

**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.

**For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours**

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of 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  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 this box.

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

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

### Optional Charge - \$20.00 per week or \$1 an hour for less than 20 hours

*There is an optional charge for children who attend Inspired Minds Early Learning Centre and use the 20 Hours ECE scheme.*

1. The optional charge is for:

- Sunscreen
- Extra teachers above Ministry of Education Ratios

2. I understand that if I agree to pay for the optional charge, Inspired Minds Early Learning Centre may enforce payment.

3. The agreement to pay the optional charge will last for the duration of enrolment:

4. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.

5. 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**◆ Dual Enrolment Declaration**

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Inspired Minds Early Learning Centre

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

**◆ Statutory Holidays :**

Inspired Minds Early Learning Centre is open all school term breaks and closed all public statutory holidays In accordance with our terms of trade regular fees apply.

**Additional information requiring approval for enrolment:**

▪ **Excursions:** My child has my permission to participate in spontaneous local trips via centre van, walking , teachers vehicles to local areas within 5km radius of the centre

*Tick One*      Yes       No

▪ **Medical emergency:** I authorise a senior staff member, in the event of illness or accident, to seek medical or other advice as deemed necessary, for my child’s best interest.

*Tick One*      Yes       No

▪ **Photo:** As part of the planning process we gather art work and photos of all children, I agree that my child may have their photo taken by employed staff for the purpose of displaying program planning and portfolios. Please be aware that photos of your child will be uploaded to the Educa, weekly web based newsletters and may also be used for educational purposes by visiting education teachers and students.

*Tick One*      Yes       No

- **Advertising Material:** I understand photos may possibly be used for Inspired Minds Early Learning Centre promotional material such as Facebook, flyers, website and local newspapers. I Agree to Inspired Minds Early Learning Centre using photos of my child/ren on their facebook page and website. (see policy for further details)

Tick One    Yes     No

- **Policy Statement:** Inspired Minds Early Learning Centre 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.

Tick One    Yes     No

- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers important details about Inspired Minds such as policies, fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.

Tick One    Yes     No

- **Payment of fees:** I agree to pay childcare fees as per the Centre's attached Terms of Trade and understand that any costs incurred in the recovery of overdue fees will be payable by me.

Tick One    Yes     No

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 Inspired Minds Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

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