



# PORTOBELO PRESCHOOLS AND NURSERIES

## Enrolment Agreement Form

### ◆ 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  
  New Zealand passport  
  Foreign birth certificate  
  Foreign passport  
 Other \_\_\_\_\_      Staff initials: \_\_\_\_\_

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:

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

Where does your child usually live? (Child's primary residential address):

\_\_\_\_\_

Post Code:

### Parents / Guardians:

**1. Given names:**

**2. Given names:**

**Surname / family name:**

**Surname / family name:**

Address:

Address:

Post Code:

Post Code:

Phone (Home/evening):

Phone (Home/evening):

Phone (Work/daytime):

Phone (Work/daytime):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Relationship to child:

Relationship to child:

### Person responsible for account

First name:

Middle name(s)

Family name

Date of Birth:

Signature

<b>Emergency Contacts (also able to pick up child):</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                      Work	Phone: Home                      Work
Mobile Phone	Mobile Phone
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                      Work	Phone: Home                      Work
Mobile Phone	Mobile Phone
Relationship to child:	Relationship to child:

<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	Yes / No
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:

<b>Child's doctor:</b>	
Name:	Phone:
Name of medical centre:	
<b>Health</b>	
Please provide details of any health conditions, known allergies or dietary issues:	
Is your child up-to-date with immunisations? (Please provide verification)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>For staff:</b> Immunisation records sighted and details recorded:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Medicine</b>	
<b>Category (i) Medicines</b>	
A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, 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. Note: The service must provide specific information about the category (i) preparations that will be used.	
Do you approve category (i) medicines to be used on your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name/s of specific category (i) medicines that can be used on my child, <b>provided by the centre</b> (please tick):	
<input type="checkbox"/> NZ Cancer Society sunblock <input type="checkbox"/> Arnica cream <input type="checkbox"/> Stingoes <input type="checkbox"/> Betadine topical antiseptic	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>Category (ii) Medicines</b>	
Category (ii) medicines are prescription (such as paracetamol liquid, antibiotics, eye/ear drops etc) or non-prescription medicines (such as cough syrup) 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. This must also be discussed with staff.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

<b>Category (iii) 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.	
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 (3-5 year old children) 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	Total hours
Times Enrolled:						

**For 20 Hours ECE (3-5 year olds only) 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:

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

**◆ 20 Hours ECE Attestation:**

1. Is your child (aged 3-5 years) 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 (aged 3-5 years) 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 hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at Portobelo Preschools and Nurseries Ltd.

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

**◆ Optional Charges:**

Portobelo Preschools and Nurseries at present requests no Optional Charges for children enrolled. In signing below you acknowledge that the Directors reserve the right to review this decision. Any change will be notified at least one month in advance, and any optional charges introduced will not be compulsory and there will be no penalty for choosing not to pay them.

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

## ◆ Statutory Holidays / Term Breaks / Absences

This enrolment agreement is **inclusive** of school term breaks. Portobelo Preschools and Nurseries are not open on public holidays. I understand that if a public holiday falls on a day my child usually attends the centre, normal fees will be charged.

All booked sessions that are not attended will be charged. This includes absence due to child sickness.

Normal fees will be charged for unavoidable closures of up to 2 days (snow, flood, earthquake etc). Any centre closure for longer than this will not be charged.

Each enrolled child is entitled to 4 weeks' 'holiday absence' each year (pro rata). A minimum of 1 week and a maximum of 3 weeks can be taken consecutively. A request form must be completed and approved prior to taking this leave. A discount of 50% of the usual fee will apply for approved 'holiday absence'.

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

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

## Permissions:

Please indicate below whether you give permission for your child to:

**Take part in spontaneous local neighbourhood walks outside the centre grounds**, as listed on the centre's Assessment and Management of Risk charts

Ratios: 0-1 year olds: 1 adult to 2 children 1-2 year olds: 1 adult to 3 children 2-5 year olds: 1 adults to 4 children

Yes  No

**Have their vision and hearing tested when specialists visit, and to have the results outlined to teaching team members**

Yes  No

**Be photographed by our centre staff and students for the purposes of documenting assessment, planning and evaluation of learning**

Yes  No

**Be included in any photos on the Portobelo website and Facebook page to celebrate and share learning (only respectful photos will be used; full names will not be used)**

Yes  No

**Have sunblock applied by Portobelo staff**

Yes  No

**Receive immediate medical care from Portobelo staff holding First Aid qualifications, for minor accidents and injuries**

Yes  No

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

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

## Other authorisations

Portobelo has a philosophy that encourages active exploration. Knowing this I understand and accept that my child may end their session with dirt, paint, playdough etc on their clothes. I will ensure there is a change of clothes in their bag.

Yes  No

I will supply my child with a sunhat and long sleeved top in summer, and a warm jacket and headwear in winter

Yes  No

I have been given a copy of the Portobelo 'Procedure for Sleep Routines'

Yes  No

I understand a complete set of Portobelo policy statements are available for me to access at any time in the centre entranceway. I agree to abide by the policies of this service, and understand that I can have input to policy review each year

Yes  No

I have been supplied with a copy of the Parent Information handbook for me to read	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that the hours I have enrolled my child for must be adhered to. Early drop-off or late pick-up will incur an extra fee. I understand that my child and I must be outside the building by its closing time.		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that if my child is unwell or contagious the Centre Leader may request that (for the well-being of all children and staff) my child not attend and I will collect them promptly if requested to collect them early because they have become unwell during their day at Portobelo		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On enrolment, I agree to pay a bond of two weeks' fees. I understand that the bond will be held by Portobelo and released when written notice of my child's leaving is received at least two weeks prior to my child's last day.		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand and agree that if my account goes into debit, I will be contacted by a debt collection agency and that any extra costs incurred as a result will be payable by me		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/Guardian Signature: _____	Date: ____ / ____ / ____	

<b>◆ Parent Declaration</b>	
I declare that all the above information is true and correct to the best of my knowledge.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

<b>◆ Service Declaration</b>	
On behalf of Portobelo Preschools and Nurseries Ltd, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____ / ____ / ____

<b>◆ Privacy Statement:</b>
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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.</p> <p>You can find more information about national student numbers at: <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a></p>