



LITTLE RED FOX ECE LTD

CHILD ENROLMENT REQUEST

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:

Child's primary residential address:

Post Code:

Child's date of birth:

/ /

Tick One

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Copy of official identity verification document* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

* Information about acceptable identity verification documents is available online at eli.education.govt.nz

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

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 eli.education.govt.nz

Parents / Guardians	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address: Post Code:	Address: Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Custodial Statement			
Are there any custodial arrangements concerning your child?		<i>Tick One</i> Yes	No
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)			
Person/s who cannot pick up your child:			
Name:	Name:		
Name:	Name:		

Additional Person/s who can pick up your child	
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Phone:	Phone:

Emergency Contacts (also able to pick up child)	
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Child's Doctor

Name:

Phone:

Name and address of medical centre:

Health

Please detail any illness or allergies your child has:

Is your child up to date with immunisations?

Tick One

Yes

No

If **YES**, please provide verification of all immunisations.

For staff: Immunisation records sighted and details recorded.

Tick One

Yes

No

Medicine

Category (i) Medicines

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.

Name/s of specific category (i) medicines that can be used on my child, **provided by service**:

• Sunscreen

• Antiseptic

Do you approve category (i) medicines to be used on your child?

Tick One

Yes

No

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Category (ii) Medicines

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: ____ / ____ / ____ (please allow at least 2 weeks for our office to process this request)

For staff: Date of Entry: ____ / ____ / ____ Date of Exit: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times enrolled at Little Red Fox	Start Finish	Start Finish	Start Finish	Start Finish	Start Finish	Total number of hours:
Times enrolled at another service	Start Finish	Start Finish	Start Finish	Start Finish	Start Finish	

Name of other service:

This enrolment agreement is inclusive of school term breaks and the following public holidays if they fall on a weekday. Enrolment is **not** available from Good Friday through to Easter Monday and on Christmas Day and New Year's Day.

Please tick the days you wish your child to be specifically enrolled for:

Anzac Day Labour Day Local Anniversary Day Queen's Birthday Waitangi Day

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 Little Red Fox.

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

20 Hours ECE Attestation (fill out boxes below with hours attested)

20 Hours ECE is available to children aged 3 and over for up to **six hours per day and 20 hours per week across all services** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times booked 20hrs ECE at Little Red Fox	Start Finish	Start Finish	Start Finish	Start Finish	Start Finish	Total number of hours:
Hours booked 20hrs ECE at Little Red Fox						
Times booked 20hrs ECE at other service	Start Finish	Start Finish	Start Finish	Start Finish	Start Finish	Total number of hours:
Hours booked 20hrs ECE at other 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 this box.

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

Educator / Premises

Address of home where education and care will be based:

Name of person providing education and care: _____

Is this person a member of the child's family? *Tick One* Yes No

If **YES** please answer the following:

- Does this person live in the same home as your child? Yes / No
- What is the relationship of this person to your child? _____

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

Parent Declaration

Little Red Fox has a number of policies and procedures in place for the care and education of the children enrolled in **Little Red Fox ECE** Licensed Homebased ECE and Care Service. Please read these and the information for parents contained in **Little Red Fox** operations manual. The signing of this enrolment request indicates that you will abide by the policies of this service, and understand how you can have input to the services operations.

Note : you must delete one of the options at the beginning of each of the following statements.

I do / do not give my permission for my child to take part in regular excursions under conditions set in **Little Red Fox** excursions and travel policy.

I do / do not give my permission for my child to travel in a motor vehicle under conditions set in **Little Red Fox** excursions and travel policy.

I do / do not give my permission for my child to be photographed by educators and staff in the **Little Red Fox** network and other agencies and/or services affiliated with **Little Red Fox** for the purposes of the programme.

I do / do not give my permission for photographs of my child to be published in **Little Red Fox** Newsletters and on **Little Red Fox ECE** Facebook page and website.

I do / do not understand that by enrolling my child in **Little Red Fox** Licensed Homebased ECE and Care Service, **Little Red Fox** will monitor my child's participation in the programme including visits to the home where the service is based during any of the times my child is enrolled and/or in attendance.

I do / do not acknowledge that there may be children receiving Out-of-school Care in this home where my child receives ECE and Care

I declare that all the above information is true and correct to the best of my knowledge.

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

Service Declaration (for office use)

On behalf of LITTLE RED FOX ECE, I declare that this form has been checked and all relevant sections have been completed.

Staff Signature: _____ Date: ____ / ____ / ____