Little Forest ELC

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Criterion GMA 10/Regulation 47
Updated: 2025

CONFIDENTIAL ADMISSION AGREEMENT

OFFICE USE ONLY

Date of Enrolment:	.....	**Enrolment Fee paid:**	.....
Waiting List:	.....	**Requested start date:**	.....
Confirmed start date:	.....	**Entered APT:**	.....

♦ 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 Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.

Official Identification document/s sighted by staff:

- ❑ New Zealand birth certificate birth certificate ☐ Foreign
- ❑ New Zealand passport passport ☐ Foreign

Other __ **Staff initials**: __

Official Identification document/s sighted by staff:

- ❑ New Zealand birth certificate birth certificate ☐ Foreign
- ❑ New Zealand passport passport ☐ Foreign

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:

Any changes to this form **must** be signed and dated by the parent/guardian.

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).
Additionally, all Privacy statements must include the exact wording below:
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* 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 purposes of monitoring and licensing.

* A National Student Number 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 Number (NSN) » NZQA

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

Parents / Guardians:

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

3. Given names:	**4. Given names:**
Surname / family name:	**Surname / family name:**
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:

Any changes to this form **must** be signed and dated by the parent/guardian.

Given names:	**Given names:**
Surname / family name:	**Surname / family name:**
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Custodial Statement	
Are there any custodial arrangements concerning your child?	
If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

Additional Emergency Contacts (also able to pick up child):	
1. Given names:	**2. Given names:**
Surname / family name:	**Surname / family name:**
Relationship:	**Relationship:**
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health & Special Needs

Any changes to this form **must** be signed and dated by the parent/guardian.

Illness/allergies:	Are you aware of any Special Needs requirements for your child?: *Tick One* Yes ☐ No ☐ If YES please Detail:
Is your child up-to-date with immunisations? *Tick One* Yes ☐ No ☐	
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and **copied** for records: *Tick One* Yes ☐ No ☐	

Medicine

Category (i) Medicines

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? *Tick One* Yes ☐ No ☐

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

▪ Arnica (bruising)	▪ Savlon (cleaning wounds)
▪ Anthisan (insect bites and other itches)	▪ Saline Solution
▪ Bonjella (teething)	▪ Ungvita Ointment (skin rashes etc)
▪ Sudo Cream (nappy rash)	▪ Crystaderm (cuts, grazes, minor burns)

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

Any changes to this form **must** be signed and dated by the parent/guardian.

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: ____ /____ / ____

In the event of your child receiving a minor injury at school, the following protocol will take place:-

- Your child will be comforted and a qualified First Aider (all teachers on duty have current practicing First Aid Certificates) will carry out any required treatment.
- Any scrapes and cuts will be cleaned, disinfected with antiseptic, HYPERCAL cream will be applied and a plaster will be placed on the injury.
- Any insect bites will be treated with ANTHISAN cream.
- Any bruise will be treated with an ice pack and application of ARNICA cream.
- A comprehensive accident report will be completed and brought to your attention when collecting your child from school. This form will be signed by staff and parent and you will receive a copy.

♦ Reducing food-related choking for young children at early learning services

The Ministry of Education requires us to draw your attention to and promote the safety guidelines to reduce food related choking. These can be found at https://www.health.govt.nz/publication/reducing-food-related-choking-babies-and-young-children-early-learning-services
Any food prepared or served at the Centre must meet this regulation. Food from home remains at the discretion of families. Please talk to us if you have any questions or concerns. We meet the H&S guidelines of first aid certificated teachers and children supervised and seated when eating.

♦ Enrolment Details: (subject to conditions)

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. (license hours 7:30am to 5:30pm)

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
For 20 Hours ECE 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 (name of service) : _____						Total hours:

Any changes to this form **must** be signed and dated by the parent/guardian.

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.
- Your 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: ____ /____ / ____

♦ Fee Charges: *(our service **does not** require you to pay fees for the 20 funded ECE hours your child is receiving)*

I agree to pay the following fee as specified in this enrolment agreement form (or subsequent change of session form)

$ _____ per week. (all fees are due one week in advance)

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 [Little Forest NZ Ltd].

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

♦ Person(s) responsible for payment of fees:

Please Note that you remain responsible for all fees until payments are received and it is your responsibility to make sure your documentation is regularly updated.

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It is our policy that all fees are paid weekly in advance by *Automatic Payment.*
ANZ Account number 01-0171-0636572-00

The fee charged is in direct relation to the days booked and not to days attended. Fees may only change when notice is given and a *change of session form* is completed and signed by management and parent.

Your child will not be enrolled at the centre until this enrolment form is completed, signed and the $60.00 enrolment fee has been paid. If there are no current/suitable vacancies then your application may be placed on our waiting list.

A late-payment fee of 5% may be added to overdue accounts. If payment requests are not settled, any outstanding amounts will be passed on to a Debt Collection Agency and all costs, plus interest, of debt recovery will be added to your account.

If your child is leaving the pre-school, **TWO WEEKS NOTICE** is required in writing to the manager/head teacher.

I/We accept responsibility for payment of fees and understand that *unpaid fees will be processed for debt collection (including all associated costs)*

Parent Signature: _____ Date: ___ / ___ / ___

♦ Statutory Holidays / Term Breaks / Frequent Absence

We do not close over Government school holiday periods.
We only close on statutory public holidays.
No reduction will be made for absence due to illness, Public Holidays or other personal activities which keep the child away from the centre. Full fees apply on these days.
Absences of more than 3 weeks will result in our Funding Subsidy for your child being terminated. In this case you will be charged a fee to recover this lost funding until the absences cease. Special exemptions from the Ministry are available under certain circumstances – please ask us about this if required.

♦ Required Information for Licensing Purposes	
Policy Statement: Little Forest NZ Limited 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. **Parent Information folder**: Please ensure you have read the information attached to your enrolment form as it covers such things as the Privacy Act 2020, fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service. • I give permission for this child to be taken by staff for walks in the vicinity of the Centre where the ratio is 1:4 for children 2 years and older.	***Please indicate yes or no*** ***Y / N***

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Parent/Guardian Signature: _____ Date:_____ /_____ / _____	
• I give permission for my child to receive vision and hearing testing by the Public Health Nurse.	***Y / N***
• I give permission for my child to be photographed while at the Centre for purposes of their personal record portfolio and used for parent education - (Storypark)	***Y / N***
• I give permission for my child to be photographed while at the Centre for purposes of use on Centre Facebook page.	***Y / N***
• **Illness:** I agree to the Child Health Policy and will keep my child at home if they are unwell, if they present with flu-like symptoms or have a temperature	***Y / N***
• **Medical emergency:** I give permission for staff to seek immediate medical attention where it is in the best interest of my child in the case of illness or an accident.	***Y / N***
• If my child needs to go to hospital or the doctor in the case of a medical emergency I give permission for my child to leave the Centre in the care of a staff member either in a private car to the doctor or in an ambulance.	***Y / N***
• **Health and Safety:** I will take reasonable care for my own health and safety and take reasonable care that my behaviour does not adversely affect the health and safety of others and comply with any reasonable instructions from staff.	***Y / N***
• We will apply our sunscreen to your child when necessary. [unless you advise us otherwise and supply your own - we will then complete a health plan for this]	***Y / N***
• **Visiting children and siblings** must be supervised and remain with you at all times.	

♦ 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 Little Forest NZ Limited, I declare that this form has been checked and all relevant sections have been completed.

Manager's Signature: _____	Date: ____ /____ / ____

Note: ***This is an official, legal document and will be retained by the centre for 7 years.***

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