

Good Seeds Children's Centre Enrolment Agreement Form 2026

◆ 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: / /

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 2020. 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

** 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.

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):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:	
Given names:	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:

Custodial Statement
Are there any custodial arrangements concerning your child? 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 <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:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
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):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

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

Health
Illness/allergies:

Medicine**Category (i) Medicines**

A category (i) medicine is a prescription (such as antibiotics, eye/ear drops and so on) or non- prescription medicine (such as paracetamol liquid, cough syrup and so on).

I acknowledge that written authority from a parent is to be given at the beginning of each day a category (i) 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 (ii) Medicines

Category (ii) medicines are prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream etc) medicine that is used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema etc) and provided by a parent for the use of that child only.

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 etc. For the use of that child only.

For staff: Individual health plan sighted, and 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 ____/____/____

Other permissions
Excursions: 1. Walking within 1km of centre (Staff / Children ratios Over 2yrs 1:5 & Under 2's 1:2) 2. Any other excursions permission will be sought at the time of the excursion
I give permission for my child to go on walks within 1km of the centre with appropriate staff/children ratios Tick One Yes ☐ No ☐
Parent/Guardian Signature: _____ Date: ____/____/____
Transportation outside of session times: I give permission for my child to be transported to and from the centre using our centre vans. <i>Refer to our Transportation Policy</i> I understand that: - The ratio is at maximum 1:10 - The driver is part of a pool of safety checked staff (Children's Act 2014) - The driver is first aid certified - The driver may change depending on circumstances - I need to follow the van procedures in the Parent Handbook - This service will not incur an additional fee Tick One Yes ☐ No ☐
Parent/Guardian Signature: _____ Date: ____/____/____
Photo/Video: I give permission for my child to be photographed for the purposes of assessment, evaluation, learning and planning. Tick One Yes ☐ No ☐
I give permission for my child to be photographed or videoed for purposes of marketing and media, e.g., Facebook, website, and journalist. Tick One Yes ☐ No ☐
Parent/Guardian Signature: _____ Date: ____/____/____

◆ Enrolment Details:

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.

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						Total 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: ____/____/____

◆ 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 **Good Seeds Children's Centre**

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Optional Charges:

Our service does not require optional charges

◆ Parent Declaration

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

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Fees

I agree to pay the centre fee of **\$7.50** per hour for all enrolled hours, not including 20 hours ECE

I acknowledge that fees relating to my child's attendance at centre must be paid within 14 days of the due date.

Outstanding fees must be paid in full, or this may affect your child's place on the roll

I agree to comply.

Parent / Guardian Signature: _____

Date: ____ / ____ / ____

Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive/exclusive** of school term breaks.
 Good Seeds Children's Centre is not open on public holidays if they fall on a weekday.

Policy Statement: Good Seeds Children's 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.

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

Two weeks notice - is required when your child is leaving. Please inform staff.

Privacy statement: All personal information on your child will be kept securely and remain confidential

*Note our service will not require you to pay fees for the 20 hours ECE your child is receiving.

*** Service Declaration**

On behalf of **Good Seeds Children's Centre**, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____