



Enrolment Form Agreement

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Lepperton
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021 156 3300

Please ensure that you sign all required parts of this form – thank you

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*

OFFICE TO SIGHT

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

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:

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: 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:	
During work hours, who should we contact primarily?	
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):

Who do we contact in case of emergency?	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work/Cell):	Phone (Work/Cell):

Any changes to this form **must** be signed and dated by the parent/guardian.
Privacy Statement: All personal information for your child will be kept securely and remain confidential.

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 cannot 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: If YES, please explain;

Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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? <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, provided by service:	
<ul style="list-style-type: none"> ▪ Naturo Pharm Arnica Cream ▪ Anthisan Insect Bite Treatment 	<ul style="list-style-type: none"> ▪ Oasis Sun Block ▪ Naturo Pharm Calendula Cream
If permission is given the following category (i) medicines will be used on your child, provided by you	
<ul style="list-style-type: none"> ▪ Non –prescriptive creams 	<ul style="list-style-type: none"> ▪ Baby powder
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: <i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: ____ / ____ / ____

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Excursions

I give permission for my child to leave Ruru House in the company of staff on a regular excursion. A regular excursion encompasses walks will be within the Ruru property and the surrounding farm. A risk assessment will be completed prior to walks. See *Excursion policy*.

Tick One Yes No

Ratio for a regular walking excursion will be in accordance with ECE regulations and will not exceed 1 adult:4 children under 2 years and 1 adult:8 children over 2 years.

All other special excursions will require signed parent permission and a ratio will be selected according to the planned events.

Online Journal Software

Do we have your permission to communicate your child's learning experience with you via the online journal software of our choice. You will have a password that allows you access to your child's profile online and the opportunity to allow other family members (with your approval) access as well.

Please talk to your child's key teacher for further information

Tick One Yes No

Facebook/Instagram Consent

Do we have your permission for photos and video images of your child to be published on our public centre Facebook/Instagram page. The purpose of this site is to share daily or weekly happenings with you and your whānau, beautiful images of our learning programme in action, share up-coming events in the community and parent education events.

Tick One Yes No

Photo & Video Permission

Do we have your permission for photos and video images of your child to be published on our public centre Do we have permission to take photos, video recordings and written observations of your child for the purpose of assessment, planning and evaluation of their learning?

Tick One Yes No

Additional Information

- **We require parents to sign in their child each day that their child attends**
- **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.
- **Information about Ruru's philosophy, policies and procedures can be found at the front sign in area.**
- **Correspondence Information about policy and philosophy reviews and how you can contribute will be published on our Facebook page/online journal programme and via email/text.**

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 Ruru House I declare that this form has been checked and all relevant sections have been completed.

Service Provider 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 [insert name of service].

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Welcome to Ruru House!