



Te Puna Reo o Te Ahi Kaikōura a Tama ki Te Rangi
Puka Whakauru
Enrolment Agreement

| CHILD'S DETAILS: | | | |
|--|--|--|--|
| Child's official surname or family name: | | Child's official given name: | |
| Official other / middle name: | | Name your child is known by / preferred name: | |
| Official identity verification document* copy of document if collected by staff: | | | |
| <input type="checkbox"/> New Zealand Birth Certificate | | <input type="checkbox"/> Foreign Birth Certificate | |
| <input type="checkbox"/> New Zealand Passport | | <input type="checkbox"/> Foreign Passport | |
| <input type="checkbox"/> Other | | Staff initials: | |
| Child's date of birth: | | Gender: | |
| Child's ethnic origins: | | Language/s spoken at home: | |
| Iwi your child belongs to: | | | |
| Māmā pepeha : | | Pāpā pepeha: | |
| | | | |



| | |
|--------------------------------------|--|
| Child's primary residential address: | |
| | |
| | |
| Postcode: | |

PRIVACY STATEMENT:

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 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: |
| Postcode: | Postcode: |
| Phone: (Mobile) | Phone: (Mobile) |



| | |
|------------------------|------------------------|
| Phone: (Work) | Phone: (Work) |
| Phone: (Home) | Phone: (Home) |
| Email: | Email: |
| Relationship to child: | Relationship to child: |
| 3. Given names: | 4. Given names: |
| Surname/Family name: | Surname/Family name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Phone: (Mobile) | Phone: (Mobile) |
| Phone: (Work) | Phone: (Work) |
| Phone: (Home) | Phone: (Home) |
| Email: | Email: |
| Relationship to child: | Relationship to child: |

| ADDITIONAL PERSON/S WHO CAN PICK UP CHILD: | |
|---|------------------------|
| Given names: | Given names: |
| Surname/Family name: | Surname/Family name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Phone: (Home) | Phone: (Home) |
| Phone: (Work) | Phone: (Work) |
| Relationship to child: | Relationship to child: |

| ADDITIONAL EMERGENCY CONTACT (Also able to pick up child) | |
|--|----------------------|
| 1. Given names: | 2. Given names: |
| Surname/Family name: | Surname/Family name: |
| Address: | Address: |



| | |
|------------------------|------------------------|
| Postcode: | Postcode: |
| Phone: (Work) | Phone: (Work) |
| Phone: (Home) | Phone: (Home) |
| Email: | Email: |
| Relationship to child: | Relationship to child: |
| 3. Given names: | 4. Given names: |
| Surname/Family name: | Surname/Family name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Phone: (Work) | Phone: (Work) |
| Phone: (Home) | Phone: (Home) |
| Email: | Email: |
| Relationship to child: | Relationship to child: |

| CUSTODIAL STATEMENT: | | | |
|--|--|------------------------|--|
| Are there any custodial arrangements concerning your child? <input type="checkbox"/> Æ / Yes <input type="checkbox"/> Kao / No | | | |
| If Æ, please give details of any custodial arrangements or court orders (a copy of any court order is required) | | | |
| Person/s who CANNOT pick up the child | | | |
| Name: | | Name: | |
| Relationship to child: | | Relationship to child: | |



| PERMISSIONS: | |
|--|------------------------------|
| Please indicate below whether you give permission for your child to: | |
| Attend walks. Ratios under 2 1:2 / over 2 1:4 / over 4 1:5 | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |
| See the Health Nurse | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |
| Use image for planning | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |
| Use image for study | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |
| Use image for private facebook | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |
| Use image for Newsletter | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |
| Use image for notices | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |
| Use image for newspaper | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |



Haerenga Permissions

Te Puna Reo o Te Ahi Kaikōura a Tama ki Te Rangi want whānau to understand the scope and purpose of haerenga within our programme. All haerenga connect tamariki with their community and provide greater opportunities for learning Te reo Māori (and other important skills). Haerenga are also fun, a good way to explore our natural environments and collect treasure to use back at Te Puna.

- Planned Haerenga are special or one off excursions or outings that have been planned in advance and have links to the programme. Planned excursions may or may not involve the use of public or private transport. Whānau will be notified of upcoming Planned haerenga and permission will be requested every time.
- Regular Haerenga happen on a regular basis and are limited to short outings within walking distance from Te Puna Reo o Te Ahi Kaikōura a Tama ki Te Rangi e.g. Te Kura o Hāpuku.

Te Puna Reo o Te Ahi Kaikōura a Tama ki Te Rangi has/has not (cross one out) got permission to take ingoa tamaiti (Child's name) _____

A kaiako with a first aid certificate will always accompany te haerenga.

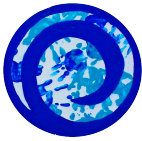
Tohu Whānau (Signature) _____ Te Ra (date) _____

- Spontaneous Haerenga are 'of the moment' and are limited to short outings within walking distance of Te Puna Reo o Te Ahi Kaikōura a Tama ki Te Rangi e.g. to watch a digger at work or to visit Te Kura o Hāpuku for a special unplanned visitors such as The NZ Armyband.

Te Puna Reo o Te Ahi Kaikōura a Tama ki Te Rangi has/has not (cross one out) got permission for (tamaiti ingoa _____) to participate in Spontaneous Haerenga.

A kaiako with a first aid certificate will always accompany the haerenga.

Tohu Whānau _____ Te Ra _____



| CHILD'S DOCTOR | |
|-------------------------|--------|
| Name(of doc): | Phone: |
| Name of medical center: | |

| HEALTH | |
|---|------------------------------|
| Illnesses/allergies: | |
| Childhood diseases/diagnosis: | |
| Special diet: | |
| Is your child up to date with immunisations? (Please provide verifications of all immunisations) | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |
| For staff: Immunisations sighted and details recorded? | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |

| 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 category (i) preparations that will be used. | |
| Do you approve category (i) medicine being used on your child? <i>(Tick one)</i> | <input type="checkbox"/> Æe |
| | <input type="checkbox"/> Kao |
| Name/s of specific category (i) medicines that can be used on my child, provided by service: • • • • | |
| Parent/Guardian signature: | |
| Date: ___ / ___ / ___ | |

**Category (ii) medicines**

Category (ii) medicines are prescriptions (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 the 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 medicine as part of an individual health plan, for example for an ongoing condition such as asthma, eczema etc and is for the use of that child only.

For staff: Individual health plan sighted and copy taken (Tick one)

Āe

Kao

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptom)

Parent/Guardian Signature:

Date: ____ / ____ / ____

FEES

- The Puna is open from 8am - 4:00pm
- All tamariki are asked to attend the minimum 9am - 3pm
- Grounded in a Kaupapa Māori Framework, it is important for tamariki to start and end their day



collectively. To facilitate this, we kindly request that all Tamariki arrive by 9am, enabling them to participate in our Karakia Timata and be picked up after our Karakia whakamutunga at 3 pm.

- The primary emphasis of the Puna is to learn, use and normalise Te Reo Māori. It is essential that children have enough exposure with Te Reo and the Puna environment. We ask whānau to please enrol their tamaiti/tamariki for a minimum of 3 days, with 5 days being the optimal choice to fully immerse them in an environment where Te Reo Māori is the priority language used, normalised and valued

| Enrolment Fee | Under 3 years or not attested to 20 Hours | 3 years and older (Attestation form must be complete) |
|-----------------------------------|---|---|
| Standard fee 9am - 3pm | \$36 a day (\$6.75p/h x 6 hrs a day 9-3pm) | NIL (6 hours) |
| \$6.75 p/h outside of these hours | | |

STATUTORY HOLIDAY / TERM BREAKS

This enrolment agreement is **inclusive** of school Term breaks. The Puna is **not open** on public holidays

| | | |
|-------------------|----------------------------|-------------------------|
| • New Year's Day | • Day after New Year's Day | • Waitangi Day |
| • Good Friday | • Easter Monday | • ANZAC DAY |
| • King's Birthday | • Matariki | • Labour Day |
| • Christmas Day | • Boxing Day | • Local Anniversary Day |

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: | Māne (Mon) | Tūrei (Tues) | Wenerei (Wed) | Tāite (Thurs) | Paraire (Fri) | Total hours: |
| Times Enrolled: | | | | | | |

For 20 Hours ECE fill out the boxes below with the hours attested e.g. 6 hours

| | | | | | | |
|-------------------------|------|-------|---------|-------|---------|--|
| How many hours each day | Māne | Tūrei | Wenerei | Tāite | Paraire | |
|-------------------------|------|-------|---------|-------|---------|--|



| | | | | | | |
|---------------------------------|--|--|--|--|--|--------------|
| 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 6 hours per day, 20 hours per week at this service? (Tick one) | <input type="checkbox"/> Āe |
| | <input type="checkbox"/> Kao |
| 2. Is your child receiving 20 Hours ECE at any other services? (Tick one) | <input type="checkbox"/> Āe |
| | <input type="checkbox"/> Kao |
| If yes, to either or both above, please sign to confirm that: | |
| <ul style="list-style-type: none">• 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 |
|--|
| I hereby declare that my child is / is not enrolled at another early childhood institution at the same time that he / she is enrolled at Te Puna Reo o Te Ahi Kaikōura a Tama ki Te Rangī |
| Parent / Guardian Signature: |



Date: _____ / _____ / _____

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 Te Puna Reo o Te Ahi Kaikōura a Tama ki Te Rangi, I declare that this information has been checked and all relevant sections have been completed

Service Provider Signature:

Date: _____ / _____ / _____