

Appendix 2

Resources and Examples

In this appendix

This appendix contains resources and examples referred to in this Handbook.

The tables below contain a list of all the resources and examples in this appendix.

Resources for All Services	
	For further details see...
Enrolment Agreement Template	6-1
Sign-In/Sign-Out Template	6-3

Resources for Teacher-Led Services	
	For further details see...
Example Staff Record	3-B-2
Example Hospital Based Attendance Record for Enrolled Children	3-B-3
Staff Record Verification Sheet Template	3-B-2

Example Funding Forms	
These example forms are available as separate PDF documents on http://www.education.govt.nz	For further details see...
RS7 Early Childhood Funding Returns Note: These examples contain all the possible sections that may be included in an RS7 Return. Your service's RS7 Return may not include all these sections.	Chapter 9
RS2 Change of Bank Account	8-1
RS3 Initial Application for Funding for an Early Childhood Service	7-1 and 7-2
EC11 Application for Change of Service Quality Rate for Early Childhood Services	3-B-4 3-C
EC11/A Notification of Change of Qualified Persons for Early Childhood Services	3-B-4 3-C
EC12 Application for Exemption from Absence Rules for Special and/or Health Needs	7-7
EC13 Medical Certificate to Support Application for Exemption from Absence Rule for Special and/or Health Needs	7-7
EC15 Application to Receive Equity Funding for Providing Early Childhood Education in a Language and Culture other than English	10-4

A SAMPLE THAT COVERS THE NECESSARY FUNDING AND LICENSING REQUIREMENTS**Enrolment Information, 20 Hours ECE Enrolment Hours and Attestation Information for Early Childhood Education Services**

- ◆ Sections marked with this symbol are required to be included in every Enrolment Agreement Form (20 Hours ECE sections are not applicable if the service does not offer 20 Hours ECE).

Wording cannot be changed in sections marked with ◆, except to add relevant details for your service.

◆ 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):

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:
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:			
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 :	
▪	▪
▪	▪
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: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Tick One:</i>	
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: _____ 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 [insert name of service].

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

◆ Optional Charges:

If you request Optional Charges, this agreement must be included as part of your service's Enrolment Agreement Form.

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

1. The optional charge is for: (give details of specific activities or items, and their costs)

-
-

2. I understand that if I agree to pay for the optional charge, [insert name of service] may enforce payment.

3. The agreement to pay the optional charge will last for: [insert time].

4. The rules about making changes to the agreement are: (you must give the parent reasonable opportunity in which to change their mind):

- (Please insert rules here)
-

5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I **agree/do not agree** (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive/exclusive** of school term breaks.

If your service is open on Statutory Holidays, parents need to confirm enrolment for each individual statutory holiday.

[insert name of service] is open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:

New Year's Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Waitangi Day	<input type="checkbox"/>	Queen's Birthday	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Labour Day	<input type="checkbox"/>		

◆ Home-Based Education and Care Services Only

This section is a compulsory requirement for Enrolment Agreement Forms used by Home-Based Services

Is the educator who will be providing education and care for your child a member of the child's family?

Tick One

Yes

No

If yes, what is the relationship of the educators to your child?

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** [insert name of service] 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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.
- **Transitional School Visits:** Information on transition arrangements.
- **Correspondence School Enrolment:** Details of enrolment agreement.

◆ 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 [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

EXAMPLE STAFF RECORD

Date: 1 February 2010

Name (A)	Jessica		Simon		Kate		Mark		Lucy		Number of Children		Total Actual Ratio Staff			
Certificated teacher? (B)	Yes Person Responsible a.m.		Yes		No		Yes Person Responsible e.p.m.		Yes							
	Planned (C)	Change (D)	Planned	Change	Planned	Change	Planned	Change	Planned	Change	Planned	Change	Planned staff (E)	Actual Staff (F)	Certificated (G)	Not certificated (H)
7:00 a.m.																
8:00 a.m.																
9:00 a.m.							non contact						3	3	2	1
10:00 a.m.					non contact		↓						3	3	3	0
11:00 a.m.							↓		non contact				3	3	2	1
12:00 p.m.							lunch		lunch				3	3	2	1
1:00 p.m.	admin				lunch								3	3	3	0
2:00 p.m.	↓		lunch										3	3	2	1
3:00 p.m.													4	4	3	1
4:00 p.m.													3	3	2	1
5:00 p.m.													2	2	1	1
6:00 p.m.																
7:00 p.m.																
Total hours		4		5		7		5		6				24	(I) 18	(J) 6

Example Hospital Based Attendance Record for Enrolled Children

DATE:

Children	Name	Place	Name	Place	Name	Place	Name	Place	Name	Place	Name	Place
7.00 a.m												
7.30 a.m												
8.00 a.m												
8.30 a.m												
9.00 a.m												
9.30 a.m												
10.00 a.m												
10.30 a.m												
11.00 a.m												
11.30 a.m												
12.00 p.m												
12.30 p.m												
1.00 p.m												
1.30 p.m												
2.00 p.m												
2.30 p.m												
3.00 p.m												
3.30 p.m												
4.00 p.m												
4.30 p.m												
5.00 p.m												
5.30 p.m												
6.00 p.m												
6.30 p.m												
7.00 p.m												
Total Hours												

Early Childhood Staff Record Verification Form

Management Contact Details	
Management Name	
Service Name	
Management Address	
Management Address	
Management Address	

Week beginning Date (e.g. Monday 3 May 2010)	Week Ending Date (e.g. Friday 7 May 2010)

I confirm that the staff records for the above week are a true and correct record of the hours worked.

Staff Name	Staff Signature

Manager's Name	Manager's signature
Date	