

Au Pair Link Child Enrolment Form	
Child Information <i>(NB: a separate form must be completed for each enrolled child)</i>	
Child's first names:	Surname:
Name your child is known by:	Child's date of birth:
Ethnic origin:	Iwi your child belongs to:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Child's home address or addresses:
Postcode:	
Parent /Guardian 1	Parent/Guardian 2
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Parent /Guardian 3	Parent/Guardian 4
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Emergency Contacts	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

First Names:	
Surname:	
Address:	
Post Code:	
Phone (Home):	
Phone (Work):	
Phone (Mobile):	
Email:	

Doctor

Name:	Phone:
Address:	

Enrolment Details (NB: Please include actual hours e.g. 9am - 5pm)

Date of Enrolment (the date you sign this form):	
Date of Entry (the date your Au Pair starts work):	
Date of Exit (when the child is no longer enrolled in our services):	

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
<i>Sample Only</i>	9am – 5pm	9am – 5pm	9am – 5pm	9am – 5pm	9am – 5pm	1pm – 4pm	1pm – 4pm	46 hours
Actual enrolled hours:								

20 Hours ECE (Fill out boxes below with the hours attested. 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.)

Date of Entry (date the child begins receiving 20 Hours ECE):								
20 Hours ECE enrolled hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours (20 max.)
<i>Sample Only</i>	6 hours	6 hours	n/a	n/a	6 hours	2 Hours	n/a	20 Hours
Au Pair Link 20 Hours ECE								
20 Hours ECE at another service e.g. Kindergarten								

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?

YES NO

2. Is your child receiving 20 Hours ECE at any other services?

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 not enrolled at another early childhood institution at the same times that he/she is enrolled at Au Pair Link.

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

Home-Based Education and Care Services

Is the educator (e.g. Au Pair) who will be providing education and care for your child a member of the child's family?

YES NO

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

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

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 cannot pick up your child	
Name:	Name:
Name:	Name:
Person/s who can pick up your child	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Health	
Illness/allergies:	
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 you and kept in the first aid cabinet.	
Do you approve category (i) medicines to be used on your child? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child:	
▪	▪
▪	▪
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.	
Individual health plan completed and signed: 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: ____/____/____	

Terms and Conditions

- I understand that the responsibility for the safety of my child is ultimately my own.
- I will provide all necessary items to ensure that my child is well cared for in the care of my educator (for example sun block, clothing etc).
- I have been provided with a copy of Au Pair Link's policies.
- I agree to make payments to my educator and Au Pair Link as set out in my contract.
- I agree to ensure that my educators work environment, including but not limited to my place of residence and corresponding property/section, meets Au Pair Link's home health and safety requirements.
- I give permission for my child to be photographed for the purposes of assessment, planning and evaluation.
- I understand that Au Pair Link Limited will store my information for a period of no less than 7 years.

Other Information

- **Policy Statement:** Au Pair Link 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. Our policies are kept on the Au Pair Link resource portal. Please contact us for a log-in to the resource portal.
- **Parent Information:** Please ensure you have read the information in our website as it covers such things as fee details, subsidies that are available to you and ways that Au Pair Link can support you and your family.
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.

Parent Declaration

I have read and understood the terms and conditions in this Child Enrolment Form and I confirm that to the best of my knowledge all the information I have supplied is true and correct. I agree to abide by the terms and conditions described in this document and Au Pair Link's General Terms and Conditions that I have already agreed to as part of my online application process with Au Pair Link.

I also agree that my child can be taken out on regular excursions in the care of my appointed educator.

YES NO

I also agree that my child can be taken out in a car in the care of my appointed educator (e.g. Au Pair).

YES NO

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

Service Declaration

On behalf of Au Pair Link, I declare that this form has been checked and all relevant sections have been completed:

Service Provider Signature: _____ Date: ____/____/____