

# CHANGE OF ENROLMENT REQUEST



Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Educarer \_\_\_\_\_ Effective Date of Change \_\_\_\_\_  
(please allow at least 2 weeks for our office to process this request)

**COMPLETE AND SIGN ANY OF THE FOLLOWING BOXES FOR CHANGES TO CURRENT ENROLMENT DETAILS**

<b>Child's Primary Residential Address:</b>	
<b>Parents / Guardians Contact Details:</b>	
<b>Additional Person who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone:
Phone (Work):	
Phone (Mobile):	
Email:	
<b>Emergency Contacts (also able to pick up child):</b>	
<b>Child's Doctor</b>	
<b>1. Given names:</b>	<b>Name:</b>
<b>Surname / family name:</b>	<b>Medical Centre:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone:
Phone (Work):	
Phone (Mobile):	
<b>Educarer / Premises</b>	
Address of home where education and care will be based:	
Name of person providing education and care:	
Is this person a member of the child's family? <span style="float: right;">Tick One    Yes <input type="checkbox"/>    No <input type="checkbox"/></span>	
If yes please answer the following: Does this person live in the same home as your child?	
What is the relationship of this person to your child?	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

Enrolment Details						
For staff: Date of Enrolment: ____/____/____ Date of Entry: ____/____/____ Date of Exit: ____/____/____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times enrolled at Educarents	Start	Start	Start	Start	Start	Total number of hours:
	Finish	Finish	Finish	Finish	Finish	
Times Enrolled at another service	Start	Start	Start	Start	Start	Total number of hours:
	Finish	Finish	Finish	Finish	Finish	
Name of other service:						
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at Educarents.						
Parent/Guardian Signature: _____ Date: ____/____/____						

20 Hours ECE Attestation (fill out boxes below with hours attested)						
20 Hours ECE is available to children aged 3 and over for up to <b>six hours per day and 20 hours per week across all services</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times booked 20hrs ECE at Educarents	Start	Start	Start	Start	Start	Total number of hours:
	Finish	Finish	Finish	Finish	Finish	
Hours booked 20hrs ECE at Educarents						
Times booked 20hrs ECE at other service	Start	Start	Start	Start	Start	Total number of hours:
	Finish	Finish	Finish	Finish	Finish	
Hours booked 20hrs ECE at other service						

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:			
<ul style="list-style-type: none"> <li>Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>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.</li> <li>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.</li> </ul>			
Parent/Guardian Signature: _____ Date: ____/____/____			