

 Enrolment Agreement Form

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| **OFFICE USE ONLY**Confirmed start date:.................................................................................................................................Immunisation records sighted and details recorded:.................................................................................Official identity document sighted, and details recorded, copy destroyed …………………………………Computer records processed:.................................................................................................................ECE hours recorded:.................................................................................................................................Enrolment fee received:............................................................................................................................Entered on wait list:..................................................................................................................................Confirmed last day:.................................................................................................................................. |

# Today’s Date:…………………………….

# Please circle one: Kiwi room (3 months – 2 years old) Tui room (2 – 3 years old) Pukeko room (3 ½ - 5 years old)

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| **⧫ 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: |  |
| **Child’s Identification:** Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted. Official identity document/s sighted by staff: |
| ❑ New Zealand birth certificate ❑ New Zealand passport❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Foreign birth certificate❑ Foreign passport**Staff initials**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Child’s date of birth: d d / m m / y y y y | Male  |  |  Female |  |  |
| Child’s ethnic origin/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Iwi your child belongs to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Language/s spoken at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child’s primary residential address: |
|  Post Code: |

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| **⧫ 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 the 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 atNational Student Number (NSN) » NZQAEarly 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.** |

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| **Parents / Guardians:** |
| **1. First names** | **2. First 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. First names:** | **4. First 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: |
| **Emergency Contacts (also able to pick up your child):** |
| **1. First names:** | **2. First 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): |
| **3. First names:** | **4. First 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): |

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| **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) |
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| **Person/s who cannot pick up your child**: |
| Name: | Name: |

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| **Child’s doctor:** |
| Name: | Phone: |
| Name of medical centre: |

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| **Child’s health:** |
| Please provide verification of all immunisations. Early childhood services are required, as per the Health (Immunisation) Regulations 1995, to ask parents or guardians of a child to provide the Immunisation Certificate for each child attending their service and record the information from the Immunisation Certificate – or the fact that it was not shown – on the immunisation register. |
| Illness / allergies: |  |
| Is your child up-to-date with immunisations?(please provide verification of all immunisations) | * Yes
* No
 |
| For staff: Immunisation records ***sighted,*** and details recorded: | * Yes
* No
 |

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| **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.Specific names and information about the category (i) provided by our centre: * **Natures Kiss - Anti-Flamme Arnica**
* **Bepanthan – antiseptic cream**
* **Sudocream- nappy cream**
* **Antisan – relief cream for insect bites**

**Note: Sunscreen is NOT a medicine** |
| Do you approve category (i) medicines to be used on your child? | * Yes
* No
 |
| **Name(s) of specific category (i) medicines provided by the centre that are permitted to be used on my child:**  |
|  |  |
|  |  |
| Parent / Guardian Signature:  | Date:  |

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| **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:  |
| Parent / Guardian Signature: | Date:  |
| For staff: Individual health plan completed and signed: | * Yes
 | * No
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| **Category (iii) Medicines** |
| To be filled in if your child requires medication as part of an individual health plan, for example for an ongoing 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
 | * No
 |
| 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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| **⧫ 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.Full days (7:30am-5:30pm) Part days (8:30am-3:30pm) Free morning session for 3-4-year-old (7:30-11:30am) up to 20 hours per week only – Tui and Pukeko Rooms.Free afternoon session for 3-4-year-old (12:30-4:30pm) up to 20 hours per week only –Pukeko Room only. |
| 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ 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 |  |  |
| 1. 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ 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 Pupuke Early Education Centre.  |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Optional Charges:** |
| *For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.* |
| 1. The optional charge is for:
 |
| * + Excursions outside the centre e.g. Kelly Taltons or Stardome. Cost to be advised at the time.
 |
| * + Special events held in the centre e.g. We Can Keep Safe programme or puppet show. Costs are to be advised at the time.
 |
| 1. I understand that if I agree to pay for the optional charge, Pupuke Early Education Centre may enforce payment.
 |
| 1. The agreement to pay the optional charge will last for: the time your child is attending Pupuke Early Education Centre.
 |
| 1. The rules about making changes to the agreement are:
 |
| * + If you do not want your child to attend any of the above, please advise in writing at the time of the event.
 |
| 1. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty, but my child will not attend the trip or special event.
 |
| 1. 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Statutory Holidays / Term Breaks** |
| This enrolment agreement is **inclusive**of school term breaks. |
| Pupuke Early Education Centre is closed on statutory holidays; however, full fees are payable on these days.Note: please inform us of any alteration in hours. |

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| **⧫ Parent Declaration** |
| I declare that all the above information is true and correct to the best of my knowledge. |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **Change of Days/Times of Enrolment:** |
| **Effective Date of Change:** \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday |  |
| Times Enrolled: |  |  |  |  |  | Total |
| **For 20 Hours ECEfill out boxes below** |
| 20 Hours ECE at this service |  |  |  |  |  |  |
| 20 Hours ECE at another service |  |  |  |  |  |  |
|  |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

**Additional information for Licensing Purposes:**

**Policy Statement:** Our centre has several 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 centre 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 and subsidies that are available to you and ways in which we can help you and your child settle into the centre.

Parent Declaration: Please read and sign

1. A non-refundable enrolment fee of $50.00 is payable on enrolment to secure a place for your child. If your child does not start, this is non-refundable.
2. Fees are payable in advance one calendar month on the first day of the month (including all public holidays).
3. I agree to pay the fees charged for my child’s enrolment at the centre, in accordance with the Fees Schedule published at the time.
4. I agree to bring my child to the centre only if he/she is well. If your child has been prescribed an antibiotic, you need to keep them at home for 24 hours to recover.
5. If you are using alternative or non-allopathic medicines or treatment for your child or if your child has any prominent marks that you feel we should be aware of, for example – birthmarks or scars, please inform us. Can you also please let us know if there are any changes to the above during your child’s attendance.
6. I will notify the centre if my child is going to be absent before 9.30 am in the morning.
7. **If my child is absent, I will be required to pay the regular fees as per enrolment (this includes holidays, or illness).**
8. I give my consent for the teachers at the centre to seek medical advice for my child’s wellbeing and transport by car for medical attention if necessary or to be taken by ambulance to a medical centre in case of an emergency. Prescription medication will only be administered with written daily permission from the child’s parent/caregiver.
9. I give permission for my child to go on outings with staff from Pupuke Early Education Centre. (Written permission will be required on each individual excursion. Ratio 1:2 for under 3 years old and 1:4 for over 3 years old.) YES/NO
10. In case of an emergency and we need to leave the premises, we will evacuate offsite 100 metres from the centre down Lake Pupuke Drive.
11. As part of Pupuke Early Education Centre’s regular school programme, recordings, videos, artwork, photographs etc may be taken and displayed in the school, used for school publicity or displayed in various media, including the school website and the business Facebook page. **I agree to notify the Centre Manager in writing should I not want my child to be photographed or named in such material.**
12. I give permission for my child’s photo to be used on Educa, and on documentation displayed in the centre. YES/NO
13. I give permission for my child to have his/her video taken and used for documentation and assessment/observation purposes within the centre. YES/NO
14. I declare that I have read and agree to the conditions of the Pupuke Early Education Centre Prospectus, and I will abide by the policies and procedures of Pupuke Early Education Centre.
15. I will check and sign the daily register verifying the times of my child’s attendance each day. I am aware there is a minimum enrolment of three days.
16. **I am aware that two weeks written notice is required should I wish to change my child’s attendance arrangements with the centre. This includes withdrawal of my child from the centre and requests for changes of days.**
17. I am aware the fees and policies Pupuke Early Education Centre presently adopts may change from time to time. Any policy changes will occur only in consultation with parents and the community.
18. **Intellectual Property**
	1. I agree that where Pupuke Early Education Centre has designed, drawn, or written any documentation or education plan for my child, then the copyright in those designs and drawings and documents shall remain vested in Pupuke Early Education Centre, and may only be used by any third party with Pupuke Early Education Centre’s prior approval.
	2. I agree that Pupuke Early Education Centre may use any such documents, designs, drawings, or plans created by Pupuke Early Education Centre for the purposes of advertising, marketing, or entry into any competition.
19. **Confidentiality**
	1. I agree to treat all information and ideas communicated to me by Pupuke Early Education Centre confidentially and agree not to divulge it to any third party, without Pupuke Early Education Centre’s written consent. I will not copy any such information supplied and will either return it or destroy it (together with any copies thereof) at Pupuke Early Education Centre’s request.
20. **Default and Consequence of Default**
	1. I agree to pay interest on overdue invoices which shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of one and two- and one-half percent (2.5%) per calendar month (and at Pupuke Early Education Centre’s sole discretion such interest shall compound monthly at such a rate) after as well as before any judgment.
	2. That in the event that my payment is dishonoured for any reason I shall be liable for any dishonour fees incurred by Pupuke Early Education Centre.
	3. If I default in payment of any invoice when due, I shall indemnify Pupuke Early Education Centre from and against all costs and disbursements incurred by Pupuke Early Education Centre in pursuing the debt including legal costs on a solicitor and own client basis and Pupuke Early Education Centre’s collection agency costs.
	4. If, at any time, there is a breach in the parent’s obligations to the centre (and all concerned parties having been consulted, having in mind that the best interest of the child is still our priority) then we may suspend or terminate your child’s enrolment and any of its obligations, Pupuke Early Education Centre will not be liable for any loss or damage that we may suffer because Pupuke Early Education Centre has exercised its rights under this clause.
	5. If any account remains overdue after thirty (30) days, then an amount of the greater of twenty dollars ($20.00) or ten percent (10%) of the amount overdue (up to a maximum of two hundred dollars ($200.00)) shall be levied for administration fees which sum shall become immediately due and payable.
21. **Privacy Act 2020**
	1. I agree that Pupuke Early Education Centre may:
		1. collect, retain, and use my information for the purpose of assessing my creditworthiness or marketing products and services to me; and
		2. disclose my information, whether such information was collected directly from me or obtained by Pupuke Early Education Centre from any other source to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notification of my default.
	2. That I’m an individual for the purposes of the Privacy Act 2020 and that the authorities under clause 21.1 are authorities or consents for the purposes of the Privacy Act 2020.
	3. I shall have the right to request Pupuke Early Education Centre for a copy of any information retained by Pupuke Early Education Centre on me and have the right to request Pupuke Early Education Centre to correct any incorrect information held on file.

I certify that the above information is true and correct. I have read and understand the APPLICATION FOR ENROLMENT (above) of Pupuke Early Education Centre and agree to be bound by these conditions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SIGNED:  |   |  |  SIGNED:  |   |
| Name:  |   |  | Name:  |   |
|  Date: |   |  | Date:  |   |
|  |  |  |  |  |
| SIGNED:  |   |  |  |  |
| Name: |   |  |  |  |
| Date:  |   |  |  |  |

**Note:** To be signed by both parents/guardians and person responsible for payment of fees (if someone other than parent/guardian.)

**Office use only**

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| **⧫ Service Declaration** |
| On behalf of Pupuke Early Education Centre, I declare that these forms have been checked and all relevant sections have been completed. |
| Centre Manager/Service Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |



Parent and Guardian Consent Form

Dear Parent/Guardian,

Portfolios are an invaluable tool to track the learning of your children. However, with your busy lives, you are often rushed to read and hear about your child’s day. Online E-Portfolios allow you to access your child’s portfolio from your home or work computer at any time. You can make comments, read learning stories and newsletters, and share this information with other family members you have given authorized access to.

Educa is a secure web-based portfolio system specifically designed for New Zealand Early Childhood Education Centres and parents. It significantly improves communication with parents and whānau. The idea behind Educa is to provide a secure and interactive environment where teachers and parents/whānau can share learning stories, photos, and videos, and collaborate on children’s learning. Educa has also released apps for both the iPhone and the Android, which are available for parents to follow children’s learning on the go.

To begin using Educa we’d like to have your permission for uploading photos, videos, learning stories and artwork of your child to Educa. Please also provide your email address so we can send you an invitation to join Educa. If you require access for other family members, you can invite your own family members.

**Name of childcare centre:**

**Name of child:**

As the parent, guardian, or responsible adult for the above child, I consent to the above childcare centre’s collection, use and display of my child’s information on the Educa Application in accordance with the Privacy Policy set out on the Educa website:

<http://www.educa.co.nz/privacy-policy>.

**Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email

*Note: For further information about Educa, visit* [*www.educa.co.nz*](http://www.educa.co.nz)*. For technical inquiries, you can contact Educa support team at* [*support@educa.co.nz*](https://d.docs.live.net/3379adde8d2dcae6/Documents/ADMIN/Documents/ADMIN/Documents/ADMIN/Documents/Documents/ADMIN/Documents/ADMIN/Documents/ADMIN/Documents/ADMIN/Documents/ADMIN/PARENT%20INFORMATION%20PACK/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/My%20Documents/ADMIN/Local%20Settings/Downloads/support%40educa.co.nz)