



## Safety in the Sun Policy

Version 2 | Mahi Tuatahi

Effective Date | Whakamana tahito: Kohitātea 2023 | January 2023

Next Review | ā houanga arotake: Kohitātea 2026 | January 2026

Policy Owner | Rangatira Kaupapa Māhere: Chief Executive Officer

Key Accountabilities | Ngā Takonga Tuatahi: Chief Operating Officer, Senior Teachers, Etu Ao Visting Teacher Lead

### Introduction | Timatanga Kōrero

The purpose of this policy is to:

- To increase child and adult awareness of the harmful effects of the sun
- To encourage the development of individual responsibility for skin protection
- To ensure the provision of shade is incorporated into kindergarten and home-based site planning

### Applies To | Ko Wai Whakahāngaitia

This policy applies to all Teachers, Visiting Teachers, Drivers, Drivers Assistants and TONI Educator's employed or contracted by He Whānau Manaaki o Tararua Free Kindergarten Association (Whānau Manaaki).

### General Principles | Mātāpono Whānui

1. All employees and contractors will be encouraged to model sun-safe practices in the kindergarten and home-based services and ensure sun-safe procedures are implemented for children. <https://www.sunsmart.org.nz/>
2. Kindergarten employees and TONI Educators, as well as other adults present in the service will model sun-safe behaviours by wearing appropriate clothing (including hats), using sunscreen and, where possible, accessing shade when outside during the months of September to April.
3. The use of a UV index app may be helpful. If the Indicator is 3 or above, you need to protect from sun exposure.
4. A broad-spectrum SPF 50+ sunscreen will be made available for use by Teachers/TONI Educators and children. Parents/caregivers will be notified of the brand used.
5. Permission will be sought from parents at enrolment for teachers to apply sunscreen to their child while at kindergarten or home-based service.
6. Sunscreen should be applied 20 minutes before going outdoors and reapplied every 2 hours after physical activity, or as per the sunscreen instructions you are using.
7. Consideration will be given around the application of sunscreen to minimise the possibility of spreading infection, i.e. wearing gloves, encourage children to apply their own under adult supervision.
8. Senior Teachers and the Facilities division will work in good faith with kindergartens/home-based services to ensure outdoor environments provide adults and children with adequate protection from the harmful effects of the sun.
9. In the development and use of outdoor areas, steps shall be taken to ensure adequate shade provision and appropriate placement of activities to protect adults and children.
10. Kindergarten newsletters and parents'/caregivers' meetings shall contain regular reminders about the need for skin protection, particularly during the period of September to April 10am to 4pm.
11. Knowledge of safety in the sun shall be incorporated into the kindergarten programme and home-based service programme, with a special focus in the first and fourth terms.
12. Information about sun protection will be made available to parents, whānau and caregivers at enrolment and reminders about the kindergarten's/home-based service sun safe procedures will



be communicated through newsletters, on noticeboards, at parent/caregiver meetings and directly with parents, whānau and caregivers.

13. Teachers and TONI Educators will assess the programme for outdoor activity during the months of September to April and, where necessary, adjust the programme to ensure children are not unnecessarily exposed to the sun during the hottest part of the day.
14. Opportunities will be made available to Teachers/TONI Educators to ensure that they can gain knowledge about matters related to sun safety.

### **Relevant Legislation and Regulations | [Whaitake Ture me Waeture](#)**

1. Education (Early Childhood Services) Regulations 2008
2. Licensing Criteria for Early Childhood Centres & Care Services 2008
3. Licensing Criteria for Home-based Education & Care Services 2008

### **References**

Sun Smart NZ

NZ Cancer Society

### **Related Procedures or Processes and Documents | [Pākanga Tukanga me Pukapuka](#)**

Enrolment Form

### **Policy Review Cycle | [Kaupapa Arotake Hurihanga](#)**

This policy is to be reviewed every three years. Whānau Manaaki may amend or cancel this policy or introduce a new policy, as it considers it necessary within the current cycle of the policy. Any amendments will be considered by the Policy Working Group and will need to be approved by the Senior Leadership Team. The policy will continue on the same review cycle.



Date of Enrolment: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Date of Exit: \_\_\_\_\_

Confidential	Whānau Manaaki Kindergartens	
ENROLMENT AGREEMENT		Kindergarten

Child's official given name:			
Child's official other names / middle names <small>(please separate with a comma)</small>			
Child's official surname or family name:			
Name your child is known by / preferred name:	Given name		Surname/family name:
Child's primary residential address and postcode			Postcode:
Copy of official identity verification document* sighted by staff:	New Zealand Birth Certificate <input type="checkbox"/>	Foreign Birth Certificate <input type="checkbox"/>	Staff Initials.....
	New Zealand Passport <input type="checkbox"/>	Foreign Passport <input type="checkbox"/>	
	Other: .....		
Child's Date of Birth: dd/mm/yyyy	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Child's nationality/ethnic origin/s:	Iwi your child belongs to:	Language/s spoken at home:	Religion (optional):

**Parent(s) / Whānau / Regular Caregiver Details**

Person 1	Name			
	Relationship to child			
	email			
	Phone	Day:	Evening:	Mobile:
	Address			

**Parent(s) / Whānau / Regular Caregiver Details**

Person 2	Name			
	Relationship to child			
	Phone	Day:	Evening:	Mobile:
	email			
	Address			

Which email address/es should newsletters/statements be sent to:	Child lives mainly with:
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<b>Parent/Guardian Signature:</b>	<b>Date:</b>
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## Privacy Statement

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 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.*

## Who can collect your child?

Your child's safety is important to us - only the people you name below will be allowed to collect your child from the kindergarten. If someone else is collecting your child, you must let the teachers know.

**Parents don't need to put their own name here as they are automatically authorised, unless forbidden through a court order.**

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

## Additional Emergency Contacts (also able to pick up child)

- This is for medical or civil defence emergencies.
- Please let these people know you have given their names as emergency contact. They should also live nearby

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

Custodial Statement	
Are there any custodial arrangements concerning your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , please give details of any custodial arrangements or court orders. You will need to give us a copy of the relevant legal documentation (Access/Protection Orders) confirming this.	
Names of people who are forbidden by law to have access to your child or who have right of access subject to conditions.	
<b>Name:</b>	<b>Name:</b>
<b>Name:</b>	<b>Name:</b>

Child's Learning and Development	
Does your child have learning or development needs? Please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name any support people or organisations that are currently working with your child (eg speech therapist).	

Medical/Health Information	
Family Doctor and/or Medical Centre:	Phone:
<b>Child's Medical conditions:</b> Does your child require medication as part of an individual health plan for an ongoing condition such as Eczema or Asthma etc <input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>If Yes, you will need to complete a Category iii medication form. Please talk to a teacher.</i></b>	
Name any specialist care your child is receiving (e.g. grommets, paediatrician)	
Illness / Allergies	
Any special dietary requirements?	
Is your child up to date with Immunisations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please provide verifications of all immunisation)</i>	<b>(Centre use only)</b> Immunisation records sighted and recorded <input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration of Understanding	
<b>Privacy: To comply with the Privacy Act, I give permission for the following to be made available: (please tick each box).</b>	
<b>Parent/s name/s and telephone number:</b> To the committee <input type="checkbox"/> Yes <input type="checkbox"/> No To health authorities <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Child's name and date of birth:</b> To the school your child is likely to attend <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School:
<b>All other personal information on your child will be kept securely and remain confidential:</b>	
I give permission to apply basic first aid, and to apply the non-prescription preparations ticked below to my child. Arnica Cream <input type="checkbox"/> Insect repellent <input type="checkbox"/> Insect bite treatment <input type="checkbox"/> Sunscreen <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for teachers to change my child's wet or soiled clothing when necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission to obtain medical treatment for my child in an emergency and I accept responsibility for the expenses incurred.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the Sleeping Policy and seen the sleeping /rest facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to be photographed or videoed for the purpose of assessment, planning and evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for photographs/video of my child to be used for publicity purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for photographs/video of my child to be shared on the kindergarten and/or association Facebook page	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that my child may use ICT equipment to support their early childhood education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child's portfolio will be accessible to my child and my family. I confirm that I will respect the confidentiality of other children's documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for samples of my child's work to be used in displays at the kindergarten or in the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the kindergarten's excursion policy and agree to the adult: child ratios for short walks as described in this, and therefore I give permission for my child to go on short walks with the teachers in the area around the kindergarten.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I will be required to give written consent for any excursion in which my child is required to travel by motor vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child may be taken to an alternative location during an emergency. This might be a local civil defence centre or another safe place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that teachers are responsible for my child only during session times and that I am responsible for seeing my child gets safely to and from kindergarten.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the Ministry of Health Guidance reducing food-related choking for babies and young children at early learning services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Relationship to Child:</b>	

<b>Fee Contract</b>	
Please see Whānau Manaaki Kindergartens Fee Policy for further details.	
<ul style="list-style-type: none"> <li>For children over three, an hourly fee will be charged until a signed Attestation/Enrolment Agreement is received.</li> <li>Families who are not using all or any of their 20 Hours ECE at kindergarten will be asked to pay a fee for each hour that is not attested for the Government's 20 Hours ECE.</li> <li>I have read the Whānau Manaaki Kindergartens Fees policy and agree to pay any fees resulting from my child's enrolment at kindergarten as per this policy.</li> <li>I elect to pay any required fees on the following basis:    Automatic Payment <input type="checkbox"/>    Internet Banking <input type="checkbox"/></li> </ul>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

<b>Whānau Contributions</b>
Whānau Contributions support our high-quality learning programme and are based on a donation of 50 cents per hour (maximum of \$10.00 per week). Notices are sent at the beginning of each term. Any donation received makes a big difference.

<b>Statutory Holidays / Term Breaks</b>												
This enrolment agreement is <b>inclusive / exclusive</b> of school term breaks.												
Whānau Manaaki Kindergartens are <b>not</b> open on the following public holidays if they fall on a weekday.												
<table> <tr> <td>New Year's Day</td> <td>Day after New Year's Day</td> <td>Waitangi Day</td> <td>Good Friday</td> <td>Easter Monday</td> <td>ANZAC Day</td> </tr> <tr> <td>Queen's Birthday</td> <td>Labour Day</td> <td>Christmas Day</td> <td>Boxing Day</td> <td>Local Anniversary Day</td> <td>Matariki</td> </tr> </table>	New Year's Day	Day after New Year's Day	Waitangi Day	Good Friday	Easter Monday	ANZAC Day	Queen's Birthday	Labour Day	Christmas Day	Boxing Day	Local Anniversary Day	Matariki
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Queen's Birthday	Labour Day	Christmas Day	Boxing Day	Local Anniversary Day	Matariki							

<b>Dual Enrolment Declaration</b>	
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood service at the <b>same times</b> that he/she is enrolled at this Kindergarten. <b>I will let the kindergarten know if this situation changes.</b>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

<b>Parent Declaration</b>	
I declare that all the above information is true and correct to the best of my knowledge.	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

<b>Kindergarten Declaration</b>		
On behalf of Whānau Manaaki Kindergartens I declare that this form has been checked and all relevant sections have been completed		
<b>Signed:</b> .....	<b>Position:</b> .....	<b>Date:</b> .....

Child's Name: \_\_\_\_\_

**20 hours ECE Attestation (For children 3 years and over)**

Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this service? *Tick One*  Yes  No  
 Is your child receiving 20 hours ECE at any other service? *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 the Government's '20 hours ECE' per week across all services.
- You authorise the Ministry of Education to make any enquiries regarding the information provided in the Enrolment Agreement Form, and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to this kindergarten providing relevant information to the Ministry or Education, and to other early childhood services your child is enrolled at, about the information contained in this box.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Enrolment Details			Date to take effect:			
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled						
<b>For 20 Hours ECE fill out boxes below with the hours attested</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
<b>Parent / Guardian Signature:</b> _____			<b>Date:</b> _____			

Change of Days/Times			Date to take effect:			
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled						
<b>For 20 Hours ECE fill out boxes below with the hours attested</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
<b>Parent / Guardian Signature:</b> _____			<b>Date:</b> _____			

Change of Days/Times			Date to take effect:			
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled						
<b>For 20 Hours ECE fill out boxes below with the hours attested</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
<b>Parent / Guardian Signature:</b> _____			<b>Date:</b> _____			