

ENROLMENT AGREEMENT FORM

Name of Centre:

◆ 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:		
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____	Staff initials: _____	
Child's date of birth: d d / m m / y y y y		Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
Child's primary residential address: _____ _____		
Post Code: _____		
◆ Privacy Statement:		
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.</p> <p>Your personal information may be shared with a debt collection agency, should your account fall into arrears.</p> <p>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.</p> <p>You can find more information about national student numbers at: www.minedu.govt.nz/parents</p> <p>* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.</p> <p>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p>		

Any changes to this form **must** be signed and dated by the parent/guardian.

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:
Additional person/s who can pick up your child or be contacted in emergency	
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):
Relationship to child:	Relationship to 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):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

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:

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Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies/food preference:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One 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?	Tick One 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:	
▪ Arnica	▪ Bon Jella (under 2's)
▪ Insect bite cream	▪ Vic's vapour rub
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: ____ / ____ / ____	

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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 on-going condition such as asthma or eczema etc. and is for the use of that child only. There is a separate form that needs to be completed.	
For staff: Individual health plan sighted and a copy taken:	<i>Tick One:</i> 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: ____ / ____ / ____

◆ 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?	
	<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"> ▪ 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 the Centre.

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

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of statutory holidays and school term breaks

We are **not open** on the following public holidays if they fall on a weekday. Fees are still payable during this time.

New Year's Day	Closed	Easter Monday	Closed	Christmas Day	Closed
Day after New Year's Day	Closed	ANZAC Day	Closed	Boxing Day	Closed
Waitangi Day	Closed	Queen's Birthday	Closed	Local Anniversary Day	Closed
Good Friday	Closed	Labour Day	Closed		

Permission

- **Excursions:** I give Permission for my child to take part in regular excursions (under the conditions stated in the service's excursions policy). This includes short walks in and around the block. All early childhood regulations will be adhered to.
- **Photo/video:** I give Permission for my child to be photographed or videoed for the purpose of assessment, planning and evaluation. To use in developmental profiles, displays in the centre, and in house staff training. However your consent is required below should we use the material for marketing purposes.
- **Observation:** I give Permission for the teachers to observe my child using different written observational methods on my child's spontaneous play or learning. All observations are shown to parents and teachers only. The observations are used to extend the child's learning or skills, with the use of the early childhood curriculum document called Te Whariki.

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

◆ Internet and Electronic Data Permission

If you wish to receive your invoices and newsletters by email please indicate this in the box below:

- Newsletters/Notices/Reminder via parent portal
 Invoices

Email Address: _____

Advertising/Internet

We require your approval to place photos of exciting activities that your child has been engaged in, onto the Internet (Public Viewing). We stand by our internet safety policy and ensure that the photos will only be used for these purposes. We respect your right of privacy, so please indicate below if you give permission to use images of your child for:

- Promotional Material:
 Centre / Company Website:
 Centre / Company Face Book Account:

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

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◆ Other Information

- **Policy Statement:** We have a number of policies and 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 and procedures 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..
- **Sibling discount:** We offer 10% discount for a 2nd child in your immediate family, with full time care booked for both children attending. The discount will be applied ONLY to the oldest child. Discount entitlement will be applied after any winz subsidy or ECE hours.
- **Fee increase:** Our fee rates will be reviewed periodically and are subject to increase at the discretion of management at any time. 4 weeks written notice will be given to parents regarding any increases.
- **'20 Hours ECE'** is available at this centre (from age 3). Please notify staff two weeks in advance if you wish to change your booking to include this, (ECE attestation form will need to be signed). Your child must not be absent for more than 15 consecutive days from last attendance to continue receiving this service, and full fees will be charged for anything over this.
- **Sick children:** Please do not send your obviously sick child to the centre (refer to Child Health Policy). Any infectious illness requires that the child remains away from the centre for a minimum of 48 hours.
- **Medical assistance:** You give permission for a teacher to seek medical help should your child need urgent medical attention and you are unable to be contacted. While all care is taken for the wellbeing of each child, you accept that we cannot be held responsible for unforeseen accidents or circumstances beyond our control. In the event of a serious accident you will be contacted as soon as possible.
- **Updating information:** Ensure all information on your child's enrolment form is kept up to date, especially contact phone numbers, and update immunisation information regularly. Be aware of centre policies. A 'Complaints Policy' is available, and if you require a copy, please ask any staff member. All centre policies are in a folder in the Information area of the centre.
- **Withdrawal Notice:** 2 weeks written notice is required when you withdraw your child from our service, regardless of reason.
- **Holiday discount:** A 50% discount is eligible for three weeks per calendar year – however you must give at least one week prior written notice to qualify for this discount. The discount is applied only to your normal full week of invoicing, from Monday to Friday (no part week). Your account needs to be in credit by one week to receive this discount.

Please advise a staff member or call the centre when:

- Your child will be away for any reason (illness or holiday)
- Your child will be collected earlier or later than usual
- Someone will collect your child *other* than those authorized in this enrolment.

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

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◆ Debt Procedure

To ensure that all accounts are paid in full and are **ONE WEEK IN ADVANCE** the following procedure will be followed by the centre.

1. It is important for you to communicate with the Centre Manager or Administrator regarding your account.
2. Before the child starts at the centre one week payment of child's booked fees are required.
3. An automatic payment is required to be set up for all weekly payments
4. If a winz subsidy is being applied for you are still required to ensure your account is one week in advance and a payment plan will be put in place to ensure this.
5. All parents are liable to full fees while winz is processing any applications
6. If a payment is missed you will receive a call from the centre or personal conversation along with a standard letter.
7. If a second payment is missed, again you will receive a call from the centre or a personal conversation will take place along with a standard letter giving you 7 days to set up a payment plan.
8. If a third payment is missed, and no correspondence or payment plan is in place, your child will be withdrawn from the centre.
9. If your child is withdrawn from the centre because of the reasons stated, your account will be passed to our head office who will deal with your account before your child can return to the centre.
10. If head office is unable to contact you or assist you in a payment plan arrangement, your account will be referred to our debt collection agency within 14 days of leaving the centre.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ 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

Ideclare that this form has been checked and all relevant sections have been completed. I have received copies of child's birth certificate, parents ID, proof of address, child's immunisation and also discussed all parts of this enrolment form with the parent.

Service Provider Signature: _____

Date: ____ / ____ / ____

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