

Enrolment Agreement Form – Paeroa Early Learning 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:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

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:

Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.

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.

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.

You can find more information about national student numbers at: eli.education.govt.nz

* Information about acceptable identity verification documents is available online at eli.education.govt.nz

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

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:
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):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your 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):
Relationship to child:	Relationship to child:

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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)	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:
Additional Emergency Contacts (also able to pick up child):	
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:
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):
Email:	Email:
Relationship to child:	Relationship to child:

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

Health	
Illness/allergies:	
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	▪ Zinc & Caster Oil Cream
▪ Calendula Cream	▪ Eurax Cream
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.

For staff: Individual health plan sighted and a copy taken:

Tick One: 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: ____ / ____ / ____

◆ 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: ____ / ____ / ____

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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

2. 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: ____ / ____ / ____

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 [insert name of service].

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

Excursions

I give Permission for the child to leave the centre with teachers, to take part in regular excursions, going to park, neighbouring schools, parks, shops or to the library, etc at the proposed ratio of 1:3 for 0-2 year olds, 1:6 for 2,3 & 4 year olds Please see our excursion policy for more information. **Yes / No**

All planned excursions outside the centre that involves transport will require separate, written consent and any extra charges as per arrangements.

◆ Terms and Conditions

- **Policy Statement:** The 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.
- **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.

<ul style="list-style-type: none"> • Photo/video: permission for the child to be photograph, videoed, for the purposes of assessment, planning and evaluation. 	Yes / No
<ul style="list-style-type: none"> • I agree to keep all pictures taken at the centre and images that are on the story park that involve my own child and other children safe and will not distribute these images on other forms of social media. 	Yes / No
<ul style="list-style-type: none"> • I give permission for other children's portfolios/e-portfolios to contain images/videos of my child as part of their assessments, planning and evaluation. 	Yes / No
<ul style="list-style-type: none"> • I give permission to the centre for website, Facebook or any promotional materials to contain images/videos of my child. 	Yes / No
<ul style="list-style-type: none"> • I give permission that my child may be included in photographs or videos taken by parents or Whanau of other enrolled children at special centre occasions, e.g. birthdays. 	Yes / No
<ul style="list-style-type: none"> • I give permission for my child to be observed, photographed/videoed, and evaluated by the volunteers/students and external facilitators during their time at the centre. I understand that names will not be used and the information gathered will only be used as part of their training/research. 	Yes / No
<ul style="list-style-type: none"> • In the event of accident or emergency, the centre will seek such advice or treatment as it deems necessary in the best interests of the child. 	Yes / No
<ul style="list-style-type: none"> • Can we apply the centre sunblock during terms 3 and 4 in accordance with our sun smart policy 	Yes / No

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Infectious Disease

I agree that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to other children e.g. vomiting and/or diarrhoea, high temperature, an unidentified rash, conjunctivitis, nits etc.

I agree to notify the centre of my child's absence.

I agree that I abide by the Centre's Policies and Terms and Conditions. I agree that the centre reserves the right to amend Policies and Terms and Conditions as deemed necessary.

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

◆ TERMS AND CONDITIONS FOR PAYMENT OF FEES

- I agree to pay the fees one week in advance on the basis of the fees schedule that is current at the time. (Note: The ECE service must not require you to pay fees for the 20 hours ECE your child is receiving.)
- I agree to provide Centre Management with a minimum two week's paid notice of intention to withdraw my child from the centre.
- I understand fees may be reviewed at any time by the management of the centre at their discretion and will apply from the notified date (a minimum of 3 weeks' notice of any intended change will be given in writing by Centre Management).
- I understand fees will be charged for absences, however you will be entitled to 15 no fee days for pre-arranged holidays or at the discretion of management.
- Our centre may pass on information to an outside agent to assist in the recovery of any debt incurred by me. I will be responsible for any cost incurred in such collection.
- I understand and accept that irrespective of any arrangement with any third party (e.g. other adult, WINZ) to pay the fees, the full responsibility rests with me.

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: ____/____/____

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◆ Service Declaration

On behalf of Paeroa Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____/____/____

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: ____/____/____

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: ____/____/____

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