



## Enrolment Agreement Form

### Administration Records

Enrolment Information, **20 Hours ECE** Enrolment hours and Attestation Information for Early Childhood Education Services

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

#### Child:

Child's official surname or family names:	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 names:	
Surname / family name	Given name:
Child's date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Copy of official identify verification document* collected by staff	
<input type="radio"/> New Zealand birth certificate <input type="radio"/> New Zealand passport <input type="radio"/> Other _____	<input type="radio"/> Foreign birth certificate <input type="radio"/> Foreign passport <input type="radio"/> Staff Initials _____
Childs Ethnic origin/s:	
Iwi your child belongs to:	Language spoken at home:
Child's primary home address:	Postcode
Are there any cultural or religious considerations that are important in the care of your child?	

#### Parents / Guardians:

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):      Mobile:	Phone (Home):      Mobile:
Phone (Work):      Occupation:	Phone (Work):      Occupation:
Email:	Email:
Name:	Name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):      Mobile:	Phone (Home):      Mobile:
Phone (Work):      Occupation:	Phone (Work):      Occupation:
Email:	Email:

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

## Terms and Conditions of Enrolment

I acknowledge that I have read and understood the following:

- Whilst on the waiting list, I understand that my child's enrolment will not be confirmed until 3 months prior to the required enrolment date.
- I understand that my child must attend the Centre for a minimum of 6 hours per day on the days they are enrolled.
- I understand that my child must attend the booked hours I have specified and that I must alter my booked hours to match attendance should they vary.
- I agree to pay fees on the basis of the Fee Schedule current at the time of enrolment, and in accordance with the fee payment practice of the centre.
- I understand, and accept full responsibility for payment of the fees charged to my account in accordance with the published fee rates and policies. The centre reserves the right to change the fee rates and policies, and irrespective of previously published or quoted rates, the new rates and policies will apply from the notified date.
- I understand and accept that irrespective of any third party (eg other adult, WINZ, ACC, MoE, Trusts or budget services, etc) to pay fees, the full responsibility for payment rests with me.
- I understand that if any fee or charge remains unpaid, beyond the provisions of the Fee Payment Policy, my child's enrolment may be suspended or terminated and the debt passed to a Debt Collection Agency for collection. I accept responsibility for any collection costs incurred in this process.
- I agree to collect my child within the given opening hours of the centre, and that if I do not do so I will be charged a penalty. A late fee penalty of \$5.00 per minute will be charged if children are collected after 5.30pm.
- I understand that I must give two weeks advance notice in writing before withdrawing my child from the Centre, or before changing any booked days/ hours. *Note – if your child does not settle well, you may withdraw him/her within the first fortnight without notice or penalty.*
- I will not bring my child to the centre should he/she be sick or have any infectious illness.
- I agree to collect, or arrange for someone to collect my child once informed that they are unwell.
- I agree to notify the centre as soon as possible if my child is going to be absent.
- I will inform the Centre if anyone other than me is to collect my child, and I understand that he/she must remain at the centre until that permission has been received.
- I give permission for the centre to seek medical or specialist advice if considered necessary for my child's well-being.
- I give permission for an ambulance to be called for my child in the case of an emergency. I will pay all reasonable expenses incurred in this situation – e.g. Urgent doctor, Ambulance charges, etc.
- I give permission for my child to be taken to an alternative location in the event of an emergency. (e.g Civil Defence Post). Further to this, I understand that in the event of a tsunami it may be necessary for my child to be transported to higher ground by way of a motor vehicle. In this situation my child may not be restrained in an approved car seat.
- I understand the All About Me Safety programme is integrated into the centre curriculum.

### TERMS AND CONDITIONS OF ENROLMENT

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Emergency Contacts – Persons who can collect your child

Please give us at least two names and details of those authorised to collect your child in an emergency. These people should be able to get to the centre reasonable easily in an emergency. An emergency includes sudden onset of illness / sickness, civil defence emergency or evacuation. Please not that parents / guardians will always be the first point of contact in these situations.

First Names:						First Names:					
Surname:						Surname:					
Address:						Address:					
	Post Code:						Post Code:				
Phone (Home):						Phone (Home):					
Phone (Work):						Phone (Work):					
Phone (Mobile):						Phone (Mobile):					
Email:						Email:					
First Names:						First Names:					
Surname:						Surname:					
Address:						Address:					
	Post Code:						Post code:				
Phone (Home):						Phone (Home):					
Phone (Work):						Phone (Work):					
Phone (Mobile):						Phone (Mobile):					
Email:						Email:					
<b>Doctor:</b>											
Name:						Phone:					
Address:											
<b>◆ Enrolment Details:</b>											
Date of Enrolment: ___/___/___      Date of Entry: ___/___/___      Date of Exit: ___/___/___											
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</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 Enrolled:						Total number of hours:					
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>											
20 Hours ECE at this service						Total number of hours:					
20 Hours ECE at another service						Total number of hours:					
Parent/Guardian Signature: _____ Date: ___/___/___											

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

**◆ 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**◆ Statutory Holidays / Term Breaks**

This enrolment agreement is inclusive of school term breaks.

This ECE service closes for all statutory holidays. Please note: Fees are still applicable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**◆ Dual Enrolment Declaration**

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Port Ahuriri / City Children's Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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 cannot pick up your child:**

Name:

Name:

Name:

Name:

<b>Health</b>			
<b>Immunisations.</b> (Please provide verifications of all immunisations)			
Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Immunisations record been sighted and details recorded:	<i>Tick One</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Information.</b> (Does your your child have any of the following)			
Eczema	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lazy Eye		<input type="checkbox"/>	<input type="checkbox"/>
Seizures		<input type="checkbox"/>	<input type="checkbox"/>
Ear Infections		<input type="checkbox"/>	<input type="checkbox"/>
Special Dietary requirements.		<input type="checkbox"/>	<input type="checkbox"/>
Asthma (If yes please complete Individual Health Plan)		<input type="checkbox"/>	<input type="checkbox"/>
Allergies (If yes please complete Individual Health Plan)		<input type="checkbox"/>	<input type="checkbox"/>
Other Regular Medication. (If yes please complete Individual Health Plan)		<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any specific medical or learning needs that we should be aware of? (If yes please provide details in the following box).		<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the Well Child / Tamariki Ora Service B4School checks to be carries out on my child.		<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the Public Health Nurse to test my child's Vision, and Middle Ear Function (glue ear / tympanometry).		<input type="checkbox"/>	<input type="checkbox"/>

<b>Special Requirements.</b>	
Please describe your child's specific medical condition or learning needs. (Please attach any supporting documentation that you feel is relevant or to speak to the Supervisor).	
.....	
.....	
.....	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

<b>Category (iii) Medicines</b>	
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	
Individual health plan completed and signed:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

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

<b>Medicine</b>	
<b>Category (i) Medicines</b>	
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? <span style="float: right;">Tick One</span> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
<ul style="list-style-type: none"> <li>▪ Arnica cream for bumps, bruises, sprains</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plastic dressing strips for cuts and wounds.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Calendula healing cream to assist healing abrasions, grazes and cuts.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Combudoron Gel for burns, scalds, skin rashes and insect bites.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Brulidine (Betadine) antibacterial cream for deeper cuts, grazes and skin abrasions.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Normal saline for cleaning eyes and wounds.</li> </ul>
Parent/Guardian Signature: _____ Date: ____/____/____	

<b>Permissions</b>	
<b>Excursions.</b> (At least 1 provisionally or fully registered ECE teacher must accompany all excursions. On major excursions parents will be notified via newsletter, and permission sought.)	
<b>Ratios for Excursions: <u>AROUND THE BLOCK</u></b>	
Children aged 3-5 years 1:5, Children aged 2-3 years 1:4, Children aged 0-2 years 1:3.	
<b><u>NEAR WATER</u></b> (Spriggs Park and the Marine Parade are both deemed to be near water)	
Children aged 3-5 years 1:4, Children aged 2-3 year 1:3, Children aged 0-2 years 1:2.	
<b><u>TRANSPORT REQUIRED</u></b>	
Children aged 3-5 years 1:3, Children aged 2-3 years 1:2, Children aged 0-2 years 1:2	
I give permission for my child to leave the centre, in the company of staff for short walks and excursions in the local community. (Please circle)	<b>Yes</b> <b>No</b>
I give permission for Centre staff to keep records, observe, evaluate and take photographs and videos of my child on the understanding that these are used to benefit my child's development and the centres programme. This may include students in training and students on teaching practicum, who will seek written permission from me when observing my child as an individual. I understand that all observations will be treated as confidential and if such observations are removed from centre, my child will not be identified in any way.	<b>Yes</b> / <b>No</b>
I give permission for my child's profile book to be displayed in the centre	<b>Yes</b> / <b>No</b>
I give permission for my child's name and/or photo to be used in the following:	
• Newsletter <b>Yes</b> / <b>No</b>	Website <b>Yes</b> / <b>No</b>
• Centre Promotions <b>Yes</b> / <b>No</b>	Publicity / Advertising <b>Yes</b> / <b>No</b>
• Good News Stories in local media – Courier, Napier Mail, HB Today	<b>Yes</b> / <b>No</b>
Parent/Guardian Signature _____ Date ____/____/____	

- **Disclaimer:** Our policy is to remove all necklaces and amber beads before children sleep. However, we respect for some families it would be culturally inappropriate for us to remove their child's pounamu / necklace. In this situation parents are required to read and sign the following disclaimer.

My child's pounamu is not to be removed for any reason while my child attends this service. I understand that in the unfortunate event of an injury or strangulation caused to my child by wearing his/her pounamu / necklace, the centre will not be held accountable or liable.

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

- **Policy Statement:** Port Ahuriri and City Children's Centres have 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 Declaration**

I declare that all the above information is true and correct to the best of my knowledge

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

#### ◆ **Service Declaration**

On behalf of Port Ahuriri / City Children's Centre, I declare that this form has been checked and all relevant sections have been completed.

Supervisors Signature: \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **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 the 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 [www.minedu.govt.nz/parentsout](http://www.minedu.govt.nz/parentsout)

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						