

ENROLMENT

DOCUMENTS REQUIRED WHEN ENROLLING YOUR CHILD

- Enrolment form fully completed
- Immunisation book or form from doctor
- Birth Certificate / passport of Child
- Parents Proof of Address – (e.g. from a power bill or similar)
- Parent License or I.D. (We can photocopy documents if required)
- Category 3 medication form (if needed)

FEE'S

- Your fee price is \$ _____

WINZ

- Applying for winz and form has been completed
- Confirmed winz entitlement \$ _____

DEALS / PROMO / DISCOUNT

- Deal / Promo given _____
- Terms and conditions signed

DIRECT DEBT

- Form completed and sent

PARENT PORTION TO PAY WEEKLY IS \$ _____

Entered by: _____ Audited by: _____

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

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:

→ New Zealand birth certificate

→ Foreign birth certificate

→ New Zealand passport

→ Foreign passport

→ Other _____

Staff initials: _____

Child's date of birth: / /

Male

Female

Child's primary residential address:

Post Code:

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

↩ 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.

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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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> 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?	<i>Tick One</i> 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:	
<ul style="list-style-type: none"> ▪ Arnica 	<ul style="list-style-type: none"> ▪ Savlon
<ul style="list-style-type: none"> ▪ Nappy Rash Cream 	<ul style="list-style-type: none"> ▪ Paw Paw Ointment
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. <u>Paracetamol will not be given by the centre to treat temperatures.</u> Children will need to be away 24 hours	
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	Total hours:
Times Enrolled:						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at this service						Total hours:
<i>20 Hours ECE at another service</i>						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>						
<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 						

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

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Optional Charges:

If you request Optional Charges, this agreement must be included as part of your service's Enrolment Agreement Form.

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

1. The optional charge is for: (give details of specific activities or items, and their costs)

- Lunch charge

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2. I understand that if I agree to pay for the optional charge, Kids World may enforce payment.

3. The agreement to pay the optional charge will last until my child leaves the centre

4. The rules about making changes to the agreement are: (you must give the parent reasonable opportunity in which to change their mind):

- 2 weeks Notice

5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. 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: ____ / ____ / ____

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. (Please circle or delete option)

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Parents / Guardians:

1. Given names:

Surname / family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

2. Given names:

Surname / family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

Additional person/s who can pick up your child or be contacted in emergency

3. Given names:

Surname / family name:

Address:

Phone (Home):

Phone (Work):

4. Given names:

Surname / family name:

Address:

Phone (Home):

Phone (Work):

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

Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
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:

↶ 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. <u>Fees are still payable during this time.</u>					
New Year's Day	<i>Closed</i>	Easter Monday	<i>Closed</i>	Christmas Day	<i>Closed</i>
Day after New Year's Day	<i>Closed</i>	ANZAC Day	<i>Closed</i>	Boxing Day	<i>Closed</i>
Waitangi Day	<i>Closed</i>	Queen's Birthday	<i>Closed</i>	Local Anniversary Day	<i>Closed</i>
Good Friday	<i>Closed</i>	Labour Day	<i>Closed</i>		

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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.
- **Surveillance camera's** may be installed at the centre and used for the purpose of security, safety and assessment of children.

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
Txt messages
Story park or educa

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:** ____ / ____ / ____

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

↩ Other Information

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

- **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 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, in 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 and is not used with any other offer.
- **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
- **Frequent Absences:** If your child does not attend regularly on their booked days, or does not attend regularly for the hours that have been booked, and the pattern continues for a period of 3 months, then in the 4th month Management reserves the right to charge you \$100 fee for the loss of funding (Ministry of education ceases funding for breaches in the attendance rules after 3 months). Please change your child's booking to avoid 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.
- **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 and is not on top of any other deal/promo.
- **Administration fee:** A one off administration fee is required upon enrolment to secure your place at the centre. This is a one off payment of \$50.00, which needs to be paid when handing the completed forms back to the centre. Internet banking will be accepted for this.
- **Discounts and Special Promotions:** Centre's may offer discounts and special promotions from time to time, however these are not ongoing and will be for a period specified on the terms of agreement from the promotion. The centre reserves the right to remove any discounts / promo's giving 2 weeks notice – (reasons may include account over due and deal expired). Only 1 deal / discount / promo can be given at a time.

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:** ____ / ____ / ____

Debt Procedure

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

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 your child starts at the centre an administration fee needs to be paid
3. An direct debt or 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 for full fees while winz is processing any applications
6. If a payment is missed you will receive a phone call 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.
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: ____ / ____ / ____

Payments

1. Direct Debit is the preferred payment method
2. Fee's will be debited out of your account weekly **every Thursday**
3. Direct debits will be adjusted to suit any increase or decrease in WINZ subsidy as soon as we are advised by them in writing.
4. If your preference is to pay by automatic payment, then you will need to pay your fees **one week in advance**. Please ensure you are paying into the account printed on your invoice and also using your child special **reference code** this is shown on your invoice.
5. If you pay by A/P, then you will need to adjust your payments yourself as soon as you are aware, and any outstanding amounts will need to be paid promptly.
6. If a WINZ subsidy is being applied for, (please organise this promptly), you must still ensure your account is paid whilst waiting for the subsidy to commence.
7. If your account ends up in credit due to any changes, this will be refunded in due course,
8. Please note that we reserve the right to cease care of your child if your fees remain unpaid and any debts may be forwarded on to our Debt Collection Agency (you will be liable for any associated costs)

I have agreed to pay my child's account by Direct Debit, starting on,
For \$..... weekly.

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 (Office Use Only)

I declare 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 enrolment fee, and have discussed all parts of this enrolment form with the parent.

Service Provider Signature: _____

Date: ____ / ____ / ____

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