



ENROLMENT CHECKLIST

Child Name:	Start Date:
-------------	-------------

Documents Required:

- | | |
|--|--|
| <input type="checkbox"/> Enrolment form completed | <input type="checkbox"/> 'All about me' form completed |
| <input type="checkbox"/> Child's birth certificate or passport | <input type="checkbox"/> Category 3 medication form (if required) |
| <input type="checkbox"/> Parent drivers' licence or passport | <input type="checkbox"/> WINZ application form filled out |
| <input type="checkbox"/> Proof of address | <input type="checkbox"/> Direct debit form completed (if applicable) |
| <input type="checkbox"/> Immunisation record | <input type="checkbox"/> Promotion form completed (if applicable) |

WINZ:

- | | |
|--|---|
| <input type="checkbox"/> WINZ form completed | <input type="checkbox"/> Confirmed WINZ entitlement \$_____ |
|--|---|

Promotion (if applicable):

- | | |
|---|--|
| <input type="checkbox"/> Promotion given: _____ | <input type="checkbox"/> Terms and conditions signed |
|---|--|

Direct Debit or Automatic payment:

- | |
|---|
| <input type="checkbox"/> Process of Payment discussed |
|---|

Fees:

Weekly fee is \$_____

Settling Visits:

Visit 1 _____ Visit 2 _____

Entered by:	Audited by:
-------------	-------------

The centre can photocopy documents for you if required

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

ENROLMENT AGREEMENT FORM

Centre:		
◆ Childs 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: / /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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 2020. 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		
<i>* Information about acceptable identity verification documents is available online at eli.education.govt.nz</i>		
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:
<i>Additional Emergency Contacts (also able to pick up your child)</i>	
3. Given names:	4. 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:
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:	Relationship:
Name:	Relationship:
Name:	Relationship:

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

Childs Doctor:

Name:

Phone:

Name of Medical Centre:

Health / Immunisations:

Illness/Allergies/Food Preferences:

Is your child up to date with immunisations?

Tick One

Yes

No

(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded:*Tick One*

Yes

No

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

No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

▪ Arnica

▪ Savlon

▪ Sunscreen

▪ Paw Paw Ointment

▪

▪

▪

▪

Parent/Guardian Signature: _____

Date: ____/____/____

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

Category (ii) Medicines	
<p>Category (ii) medicines are prescription medicines (such as antibiotics, eye/ear drops etc.) or non-prescription medicines (such as paracetamol liquid, cough syrup etc) 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. Paracetamol will not be given by the centre to treat temperatures. Children will need to be away 24 hours if paracetamol has been given to treat temperatures.</p>	
<p>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.</p>	
<p>Parent/Guardian Signature: _____ Date: ____/____/____</p>	
Category (iii) Medicines	
<p>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.</p>	
Parent provided Individual Health Plan from Doctor	Tick One: Yes <input type="checkbox"/> No <input type="checkbox"/>
If no to above: Category (iii) form filled out by parent	Tick One: Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Parent/Guardian Signature: _____ Date: ____/____/____</p>	

◆ Optional Charges:	
1. The optional charge is for: (give details of specific activities or items, and their costs)	
<ul style="list-style-type: none"> ▪ ▪ ▪ 	
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):	
<ul style="list-style-type: none"> ▪ 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 (<i>select one</i>) to pay the optional charge for the activities/items specified in this enrolment agreement form.	
<p>Parent/Guardian Signature: _____ Date: ____/____/____</p>	

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

◆ 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?

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 the Centre. *(Please circle or delete option)*

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

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

Permissions

Internet and Electronic Data

It is important that the centre is able to communicate with all families electronically so we can ensure that vital and important information is reported to you.

- Emailed newsletters / notices / reminders
- Emailed invoices / statements
- Txt messages (non-urgent communication)
- Storypark (a secure online interactive portal, allowing you to view your child's development)

Photo/Video

I give permission for my child to be photographed or videoed for the purpose of assessment, planning & evaluation, to use in developmental profiles, displays in the centre and in-house staff training.

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

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 Social Media

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

Surveillance Cameras

Surveillance cameras may be installed at the centre and used for the purpose of security, safety, and assessment of children.

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

Excursion Permission

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.

The risk assessment for short walks is on the next page, please read and sign.

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

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

Risk Assessments for short walks

Ratios will not exceed 1:3 for 0–2 year-olds, 1:5 for 2-6 year olds.
The Person Responsible will ensure these ratios are met.

Identified Hazard Potential Risk to children

Road	Road works	Stranger Danger	Lost Child	Crowds	Cars
Dogs	Weather	Parked Cars	Driveways	Traffic	Potholes

Strategies needed to manage hazards

Talk to children about the dangers	Consistently count the children	Extra parent help
Have children wear bright clothes	Encourage holding hands	Ensure teachers are spread amongst children

You will be informed of any extra potential hazards at the time of the short walk or excursion.

Parent/Guardian Signature: _____

Date: ___/___/___

Where to find our operational documents

- You will find information regarding the Centre’s Education review office report, the licensing criteria, early childhood regulations, the Centre’s emergency plans and the ECE curriculum in the brochure holder on the wall in reception.
- Information on staff and qualifications, the complaints policy and procedure, Centre philosophy, daily schedule, child health information and financial statements with details of the expenditure of any Ministry of Education funding will be located on the wall in reception on the notice board.
- Information on fees and accounts along with the Centre’s policies will be available at reception.
- Planned reviews and any consultation that will be undertaken will be displayed in reception for your input and feedback.

◆ 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		

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

Important Information

- **Policy Statement:** We have several 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 contains important information about the centre.
- **Settling visits:** To ensure a smooth transition for you and your child into the centre, we recommend at least 2 settling visits during the week prior to starting. These are visits where you stay in the centre with your child and help to get them used to the centre, routines and the staff.
- **Sibling discount:** We offer 10% discount for a 2nd child in your immediate family, on the condition that both children are booked for a minimum of 30 hours a week (any variation of this requires approval from the Area Manager). 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.
- **Fees 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 fee 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 per week (over and above your normal weekly 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 a 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. You will still be responsible to pay all fees during this period.
- **Holiday discount:** A 50% discount is eligible for three weeks per calendar year – however you must give at least two weeks 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 reviewed every 3 months. The centre reserves the right to remove any discounts / promo's giving 2 weeks' notice – (reasons may include overdue accounts and expired promotions). 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: ____/____/____

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

Payment Agreement

- All fees are required to be paid by **Automatic Payment or Direct Debit – one week in advance**, paid into the **centre bank account** using your **child's reference number** (found on your invoice/statement). You will be charged the full fee per week for your child whether they attend or not. The centre operates throughout the year, but closes for statutory holidays. The weekly fee remains the same regardless of statutory holidays, child illness, family illness or holidays (unless you have applied for the 50% holiday discount for 3 weeks per year).
- Before your child starts at the centre an administration fee of \$50 is required.
- If Direct Debit is the agreed form of payment, fees will be debited out of your account weekly **on Thursdays**. A separate Direct Debit form will be required to be completed. Direct Debits will be adjusted to suit any increase or decrease in fees or WINZ subsidy changes.
- If a **WINZ subsidy** has been applied for, you are still required to ensure your account is paid one week in advance, and the full fee is to be paid whilst waiting for any WINZ subsidy to commence. Application forms are available at the centre.
- If you feel you may have financial difficulties in meeting your fee requirements, it is important that you discuss this with the Centre Manager urgently. A payment plan may be an option.
- If your account continues to be in arrears, or if a payment plan is not followed, then your account will be passed on to Head Office for further action and your child may be withdrawn from the centre. Your account will be referred to our debt collection agency within 14 days of leaving the centre. In the event that your account is handed over to a debt recovery agent, you will incur all debt recovery costs on top of your outstanding debt

I agree to pay my child's weekly account fees of \$ _____

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: ____/____/____

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