



ENROLMENT AGREEMENT

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: dd / mm / yyyy

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: www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

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. Mothers names:	2. Fathers 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:
DOB:	DOB:
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):
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):
Relationship to child:	Relationship to child:

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	
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: ___/___/___	

Invoice Whom: Mother/Father/Both/CYFS (Please circle one)
Given Names:
Address:

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

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

Health	
Illness/allergies:	
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:	
▪ Arnica	▪ Stingose
▪ Antiseptic Cream (Savlon)	▪
Parent/Guardian Signature: _____ Date: ____/____/____	

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

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 M ori (M ori 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: ____ / ____ / ____

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: ____ / ____ / ____

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: ____ / ____ / ____

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 Tiny Wonders Early Learning Centre I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

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

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.

Tiny Wonders Early Learning Enrolment Application: Terms, Conditions & Required Declarations
Please read before signing

Individual Education Plan	<ul style="list-style-type: none"> ○ I agree to my child being observed and photographed for Individual Development Planning
Enrolment Right	<ul style="list-style-type: none"> ○ I understand that acceptance of enrolment of my child at the centre is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and condition effective at the time of enrolment. I declare that my child is not enrolled in another early childhood service at the same times that they are enrolled at this centre.
Exclusion	<ul style="list-style-type: none"> ○ In signing this enrolment form I agree to the centre rule that I am not to bring my child to the centre when they are sick, and when contacted by the centre when the child become ill, I will pick them up within 1 hour.
Treatment in the event of sickness	<ul style="list-style-type: none"> ○ I authorise the Management of the Centre to seek appropriate professional or medical advice or treatment as they consider necessary, I will pay for any costs incurred re medical cost or St John Ambulance costs.
Authority for Outside Visits	<ul style="list-style-type: none"> ○ In signing this enrolment form I authorise the centre staff to take my child in small groups on short outside walks and visits to the park etc. ○ I authorise the taking of my child on outside visits (where I am not attending or assisting) that have been advertised or notified by the centre, and will pay such additional charges as required to cover costs (Ratios will be kept at or above the minimum regulated ratios).
Agreement to Charter, Rules and Management Prerogative	<ul style="list-style-type: none"> ○ In signing this enrolment form I agree to the charter and to abide by the rules of the centre as set down from time to time by Management, and the expectations set out in the parent Information Booklet. ○ I accept that Management reserves the right to revoke enrolment.
Fees Agreement	<ul style="list-style-type: none"> ○ In signing this enrolment form I agree to pay the fees on the basis of the fee schedule that is current at the time and I will pay in accordance with the Fee Policy of the Centre. ○ I acknowledge and agree to pay the appropriate fee for an enrolled day even if unable to attend. ○ I agree to give two weeks notice before withdrawal of my child from the Centre. ○ I understand there is no reduction in fees for absence and holidays. The full weekly fee is payable at all times. ○ I understand the fee policy is subject to change and understand and agree to the current policy.
Parking and Escorting	<ul style="list-style-type: none"> ○ I agree that when dropping my child off at the centre I will park in the area designated as suitable by the centre management and escort my child into the centre building and advise a senior staff member of my arrival before leaving my child in the centre custody. ○ I will advise a senior staff member before taking my child from the centre. ○ I understand and accept that it is a condition of enrolment that children driven to and from the centre must travel in a <u>child's care seat or restraint in accordance with traffic regulations</u>. ○ No person under the age of eighteen years is permitted to drop off or pick up a child ○ No unauthorized person is permitted to pick up a child unless full notification is received by the senior teacher from a parent or guardian prior to pick up.
Privacy Act	<ul style="list-style-type: none"> ○ The information requested in this Enrolment Application Form is needed by the centre to comply with statutory requirements or to enable centre staff to contact you or to ensure the appropriate care and education of your child. We are obliged by regulations to keep these records for at least 7 years.
Fee Payment Agreement	<ul style="list-style-type: none"> ○ I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published policies and fee rates. ○ I understand and accept that these fees are to be paid in full, in advance, within three days of the beginning of each billing period. ○ I understand and accept that irrespective of any arrangement with any third party (e.g. other adult, income support services, accident insurance, trusts or budget services, etc) to pay the fees. The full responsibility to pay remains with me. ○ I understand and accept that if any fee or charge remains unpaid beyond the time specified in the Fee Policy, my child's enrolment may be forfeited, the debt passed to a debt collection agency, and that I will be responsible for any costs incurred in this process.
Centre Rules and Policies	<ul style="list-style-type: none"> ○ I understand that the terms and conditions in this form are not exhaustive and that others are contained in published centre policy documents, rules, Charter, notices, parent handbooks etc. ○ I accept that the centre reserves the right to add, amend, clarify or delete terms, conditions or policies by issuing newsletter, notices or posting notification on one of he centre noticeboards. I have read the centre policy on sleep and agree with this policy for my child.
Medication	<ul style="list-style-type: none"> ○ In signing this enrolment form should my child receive melagel or such other soothing ointment for minor scrapes and insect bites etc Category (i) ○ Prescriptions such as eye, ear drops or no prescription such as paracetamol medicines to treat a specific condition or symptoms that I provide for my child only written authority will be given on a daily basis detailing what how and when. Category (ii) ○ A prescription such as asthma inhaler, Epilepsy medication or no prescription such as antihistamine syrup, lanolin cream, medicine that is: used for an on-going condition such as asthma, epilepsy, allergic reaction, diabetes, eczema and: is provided for the use of that child only. A written authority from a parent given as part of the enrolment and updates when there are any changes is required. Category (iii)

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