Enrolment Agreement Form

OFFICE USE ONLY:		
Fees:	Total fees are $_____ and are to be paid on a _____ basis.	
Immunisation Certificate:	**Staff initials:**	Date: ____ /____ / 20___
Identity Verification:	❑ New Zealand birth certificate ❑ Foreign passport ❑ New Zealand passport ❑ Foreign birth certificate ❑ Other _____ **Staff initials:**_____	Date: ____ /____ / 20___
NSN Number:		

Child - Tamaiti:	
Child's first names:	**Middle Name(s):**
Name your child is known by:	**Surname:**
Child's date of birth: DD / MM / YYYY	**Male** ☐ **Female** ☐
Ethnic origin: ❑ New Zealand European ❑ Māori ❑ Australian ❑ American ❑ British/English	❑ Indian ❑ European (Please specify) _____ ❑ Asian (please specify) _____ ❑ Pacific Island (please specify) _____ ❑ Other _____
Iwi (s) your child affiliates with:	
Language(s) spoken at home:	
Child's primary residential address:	
	Postcode
Child's primary postal address (if different from above):	
	Postcode

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.

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

Parents / Guardians / Caregivers - Whānau:	
First Names:	First Names:
Surname:	Surname:
Relationship to child:	Relationship to child:
Main caregiver Yes / No	Main caregiver Yes / No
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:
Relationship to child:	Relationship to child:
Main caregiver Yes / No	Main caregiver Yes / No
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Person/s who <u>CAN</u> pick up your child:	
Name:	Name:
Relationship to child:	Relationship to child:
Phone (Mobile):	Phone (Mobile):
Name:	Name:
Relationship to child:	Relationship to child:
Phone (Mobile):	Phone (Mobile):
Name:	Name:
Relationship to child:	Relationship to child:
Phone (Mobile):	Phone (Mobile):

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

Emergency Contacts (also able to pick up child):	
First Names:	First Names:
Surname:	Surname:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
First Names:	First Names:
Surname:	Surname:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

Person/s who CANNOT pick up your child	
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

Custodial Statement / Standing orders					
Are there any custodial arrangements concerning your child?	*Tick One*	Yes		No	
Are there any orders the centre needs to be made aware of?	*Tick One*	Yes		No	
If **YES**, please give details of any arrangements or court orders (a copy of any court order is required)					

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

Enrolment Details:

Date of Enrolment: ____/____ / 20___ Date of Entry: ____ /____ / 20___ Date of Exit: ____ /____/ 20___

Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week**.

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours:
Times Enrolled:						
Hours per day:						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____ Date: _____ /_____ / 20_____

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: _____ /_____ / 20_____

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 Creative Minds Early Learning Centre

Parent/Guardian Signature: _____ Date: _____ /_____ / 20_____

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

Medicine	
Category (i) Medicines	
A category (i) medicine is a **non-prescription** preparation that is **not ingested** and used **for 'first aid' treatment** of minor injuries. Category (i) medicines are **provided by the service** and kept in the first aid cabinet.	
Do you approve category (i) medicines to be used on your child? *Tick One* Yes ☐ No ☐	
Please tick category (i) medicines the centre can use if required:	
❑ Arnica Cream ❑ Antiseptic Liquid ❑ Insect Bite Treatment	❑ Zinc Cream (for nappy rash) ❑ Sun block
Parent/Guardian Signature: _____ Date: _____ /_____ / 20_____	

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 and is prepared by a teacher 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: _____ /_____ / 20_____

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, eczema or allergies etc and is for the use of that child only.
Individual health plan completed and signed *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: _____ /_____ / 20_____

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

Health					
Illness/allergies:					
Is your child up-to-date with immunisations?	*Tick One*	Yes	☐	No	☐
(Please provide verifications of all immunisations)					
Immunisations record sighted and details recorded:	*Tick One*	Yes	☐	No	☐

Doctor:	
Name:	Phone:
Address:	

Absences

I agree to notify Creative Minds Early Learning Centre if my child is going to be absent. If they are absent for more than 14 consecutive days and I have not informed the centre, I understand they will be removed from the roll. I agree that if this occurs I am liable for any fees incurred during this time.

If you are receiving a subsidy we notify Work and Income after 21 days at which time your subsidy will cease and you are still liable for the fees over this period. I agree to give a minimum of one week notice if I am going to withdraw my child from Creative Minds Early Learning Centre.

Parent/Guardian Signature: _____ Date: _____ /_____ / 20_____

Excursions

I **do / do not** (circle one) give permission for my child to take part in regular excursions (under the conditions stated in the excursions policy) and to be photographed/videoed for the purpose of assessment, planning and evaluation to be included in their portfolio.

Note: Additional permission is still required for children to take part in individual excursions

Parent/Guardian Signature: _____ Date: _____ /_____ / 20_____

Parental Image use Permission

As the parent/legal guardian of _____ **I do / do not** authorise Creative Minds Early Learning Centre to publish photos, images, videos, and digital recordings of my child for use in Centre displays and/or marketing and on their Facebook page and/or website.

Parent/Guardian Signature: _____ Date: _____ /_____ / 20_____

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

Other information
▪ **Policy Statement:** Creative Minds Early Learning Centre 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**: Please ensure you have read the information in the parent handout 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.
▪ **Fees:** Fees are to be paid weekly unless otherwise arranged with management.
▪ **Late Fees:** If you pick your child up more than 10 minutes late you will incur a late fee, please refer to the parent fees policy for more details
▪ **Sign in/out:** Parents are required to sign the register everyday
▪ **Observations:** Written observations of your child will be carried out during their time at Creative Minds Early Learning Centre. These may also include observations by students. If you do not consent to your child being part of these observations please advise management.
▪ **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences on the provided form.
▪ **Portfolio:** Each child is given a portfolio which consists of photos, observations, assessments and incident sheets. To help towards the cost, there is a fee of $10 payable at enrolment of the child.

Parent/Whānau Declaration	
I declare that all the above information is true and correct to the best of my knowledge.	
Parent/Guardian Signature: _____	Date: _____ /_____ / 20_____

Service Declaration	
On behalf of Creative Minds Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.	
Service Signature: _____	Date: _____ /_____ / 20_____

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

Change of Days/Times of Enrolment:	
Effective Date of Change: _____/____ / 20___	Total fees are $_____ and are to be paid on a _____ basis. **Signed:** _____

Please Note: 20 Hours ECE is for up to **<u>six hours per day</u>**, up to **<u>20 hours per week</u>**.

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours:
Times Enrolled:						
Hours per day:						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____ Date: _____ /_____ / 20_____

Change of Days/Times of Enrolment:	
Effective Date of Change: _____/____ / 20___	Total fees are $_____ and are to be paid on a _____ basis. **Signed:** _____

Please Note: 20 Hours ECE is for up to **<u>six hours per day</u>**, up to **<u>20 hours per week</u>**.

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours:
Times Enrolled:						
Hours per day:						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____ Date: _____ /_____ / 20_____

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