# Enrolment Agreement Form

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Fill in details below

**Child's Details**

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other name / middle names:**
*(Please separate with comma)*

**Name your child is known by / preferred name**:
Surname / family name:
Given name:

Official Identification document/s sited by staff

- ○ New Zealand Birth Certificate
- ○ New Zealand Passport
- Other: _____
- ○ Foreign Birth Certificate
- ○ Foreign Passport
- Staff Initials: _____

Child's Date of Birth: ○ Male ○ Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Childs primary residential address:
Post code:_____

Childs additional residential address (if required):
Post code:_____

**Privacy Statement**

We collect information, including personal information (e.g. enrolment and attendance) about your child, which is shared with the Ministry of Education, who stores it securely and treats it in accordance with the Privacy Act 2020.

The Ministry of Education collects and holds this information for the following purposes:

- for funding allocation
- for monitoring compliance with the Education (Early Childhood Services) Regulations 2008 and related criteria, and the ECE Funding Handbook
- to assign a National Student Number* to your child
- for statistical and resourcing purposes
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under Education and Training Act 2020
- as permitted by the Privacy Act 2020.

Information collected may be shared with other government agencies where required by legislation, or to meet an agreed purpose, and in accordance with the government's direction for greater inter-agency data sharing.

You have the right to request access to or correction of personal information that the Ministry of Education holds about you. Contact information for the Ministry can be found here: National office - Ministry of Education

Completed enrolment forms and related information may be accessed by authorised Ministry officials on request, for monitoring, licensing, and funding administration purposes.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at: National Student Number (NSN) » NZQA

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: National Student Numbers (NSN) – Education in New Zealand

***The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.***

**Person Responsible for Account**

**Name:**

**Signature:**

**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:

**3.** Given names:

Surname/Family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

**4.** 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**

**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 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): |
| Email: | Email: |
| 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 CANNOT pick up your child**

| Name: | Name: |
|---|---|
| Relationship to child: | Relationship to child: |

**Permissions (please tick)**

Please indicate below whether you give permission for your child to take part in regular planned excursions outside the Centre:

- Neighbourhood walks will maintain an adult to child ratio of 1:4 (not including trips near water) ○ Yes ○ No
- Neighbourhood walks will maintain an adult to child ratio of 1:2 (trips near water) ○ Yes ○ No

* All other excursions will be deemed special excursions and separate permission will be sought as per our Centre excursion policy.

* Additional curricular activities located in the Centre's Moa Hall will maintain regular adult to child ratio based on room ratios.

**In case of an Emergency be taken to a Medical Centre** ○ Yes ○ No

**Be photographed and filmed by our Centre staff for the purpose of:**

- Assessment, planning and evaluation (e.g. Storypark) ○ Yes ○ No
- Centre Newsletters ○ Yes ○ No
- Campbells Bay Early Learning Centre Social Media ○ Yes ○ No

**Parent/Guardian Signature:** Date: / /

**Child's Doctor**

Name: Phone:

Name of medical Centre:

**Health - allergies/ illness / medical conditions (please tick)**

| Specify any allergies: | | | |
|---|---|---|---|
| | Intolerance | ○ Yes | ○ No |
| | Allergy | ○ Yes | ○ No |
| | Anaphylaxis | ○ Yes | ○ No |

*If anaphylaxis a separate medical action plan is required

Specify any illness:

Specify any medical conditions:

Is your child up-to-date with immunisations? (please tick) ○ Yes ○ No
(Please provide verification of all immunisations)

**For Staff:** Immunisation records sighted and details recorded: ○ Yes ○ No

**Medicines**

To be filled in if your child requires medication as part of an individual health plan, for example 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: (please tick): ○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: / /

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: / /

**First Aid Medicines**

First aid medicine is a non-prescription medication (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.

| | | |
|---|---|---|
| ○ **Arnica cream** | ○ **Hypercal cream** | ○ **Saline** |
| ○ **Tee Tree antibacterial** | ○ **Anthisan cream** | ○ **Plasters** |

**Parent/Guardian Signature:** Date: / /

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

**Enrolment Details:**

Child's Age at Entry: Date of Entry: / /

Date of Enrolment: 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: | Mon | Tues | Wed | Thurs | Fri | |
|---|---|---|---|---|---|---|
| Time Enrolled From: | am | am | am | am | am | |
| Time Enrolled To: | pm | pm | pm | pm | pm | Total Hours |
| Hours Each Day: | | | | | | |

**Parent / Guardian Signature:** Date: / /

**For 20 Hours ECE fill out boxes with the hours attested e.g. 6 hours**

**20 Hours ECE at this service**

| Days Enrolled: | Mon | Tues | Wed | Thurs | Fri | |
|---|---|---|---|---|---|---|
| Time Enrolled From: | am | am | am | am | am | |
| Time Enrolled To: | pm | pm | pm | pm | pm | Total Hours |
| Hours Each Day: | | | | | | |

**20 Hours ECE at another service**

| Days Enrolled: | Mon | Tues | Wed | Thurs | Fri | |
|---|---|---|---|---|---|---|
| Time Enrolled From: | am | am | am | am | am | |
| Time Enrolled To: | pm | pm | pm | pm | pm | Total Hours |
| Hours Each Day: | | | | | | |

**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? (please tick) ○ Yes ○ No

2. Is your child receiving 20 Hours ECE at any other services? (please tick) ○ Yes ○ No

If yes to either or both the above, please sign to confirm that:

- Your child does not receive more that 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: / /

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

### Statutory Holidays / Term Breaks

Providing 2 weeks' notice of absence is given, each child is entitled up to 15 days per calendar year at a reduced rate of 50%.
This enrolment agreement is exclusive of school term breaks.
Fees will be charged on statutory holidays:

| | |
|---|---|
| • Auckland Anniversary Day | • Anzac Day |
| • Waitangi Day | • Matariki |
| • Good Friday | • Kings Birthday |
| • Easter Monday | • Labour Day |

No fees will be charged if the Centre is closed over the Christmas/New Year period (up to two weeks' closure).
Fees will be charged for any unavoidable closures of 2 days or less (high winds, power outages etc.).
Any closures longer than this will not be charged.

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**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 Campbells Bay Early Learning Centre.

**Parent/Guardian Signature:** Date: / /

**Optional Charges:**

1. The optional charge is for: Yes No
   - Ruru Enrichment Programme – cost as per Fee Policy ○ ○
2. I understand that if I agree to pay for the optional charge, Campbells Bay Early Learning Centre may enforce payment
3. The agreement to pay the optional charge will last for _____ *(insert time)*
4. The rules about making changes to the agreement are:
   - Written advise within 14 days of start date
5. I understand that, that 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: / /

**Who can we thank for recommending us to you? How did you hear about us?**

| | |
|---|---|
| ○ Google | ○ Facebook |
| ○ Referral | ○ Instagram |
| ○ Other (Please specify): | |

**Parent Declaration**

In signing this enrolment form I hereby:

- Agree to pay the fees on the basis of the current Campbells Bay Early Learning Centre Fees Policy (attached) and agree to pay my child's fees at least two weeks in advance. I understand my child's place may be forfeited if the fees are not kept up to date. I understand that I may incur a late payment penalty fee if my child's fees are continuously outstanding.
- Agree to abide by the Centre policies and rules as outlined in the Parents Handbook of which I have been given a copy.
- Understand that I will not bring my child into the Centre when they are suffering from any condition that is capable of being transmitted to another child as outlined in the Parents Handbook.
- Understand that I must hand all medication to staff on admission, provide details and sign the medication book.
- I acknowledge I have been advised that security cameras are operating at all times on the premises.
- I declare that all of the above information is true and correct to the best of my knowledge.

**Parent/Guardian Signature:** Date: / /

**Service Declaration**

On behalf of Campbells Bay Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

**Service Provider Signature:** Date: / /

**Office Use Only**

Parent has been given the following information on enrolment:

- ○ Enrolment Agreement
- ○ Fees Policy Schedule
- ○ Parent Handbook
- ○ Immunisation Booklet Sighted and Copied
- ○ Individual Health Plan Complete (if required)
- ○ Identification Document Sighted and Copied
- ○ Enrolment Fee Charged

**Booking Confirmation**

Booking confirmed (Centre Manager Signature):

Date: / /