

Enrolment Agreement Form

Enrolment Agreement Form

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 commas)

Name your child is known by / preferred name:

Surname / family 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:

Child's primary residential address:

Post code: _____

Privacy Statement

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* 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](#).

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:

Date of Birth: / /

Signature:

Statements including invoices are sent monthly

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:

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):

Email:

Email:

Relationship to child:

Relationship to child:

Additional person/s who can pick up your 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:

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 indicate below whether you give permission for your child to:

Excursions: Permission for my child to take part in regular planned excursions as listed below (tick one) Yes No

These excursions will maintain an adult to child ratio of 1:4

Rhonda-robics located in the centre hall (1:7 ratio)

Enrichment Programme located in the Enrichment

Neighbourhood walks (not including trips near water)

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

Have the Public Health Nurse visit when she calls (tick one) Yes No

Be taken to the Medical Centre in case of an emergency (tick one) Yes No

Be photographed and filmed by our centre staff, students and/or other parents for the purpose of:

Planning/assessment: (tick one) Yes No

Study: (tick one) Yes No

Campbells Bay Early Learning Centre Social Media: (tick one) Yes No

Newsletters: (tick one) Yes No

Notices: (tick one) Yes No

Newspaper articles: (tick one) Yes No

Parent/Guardian Signature:

Date: / /

Child's Doctor

Name: _____ Phone: _____

Name of medical centre: _____

Health

Illness/allergies: _____

Specify any allergies: _____

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

Medicines

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 to be used on your child, provided by service: What are these? Specify: _____

Arnica

Saline

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 Rongoā Māori (Māori 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 the 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 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: / /

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 of Entry: / /

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 of Entry: / /

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 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: / /

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 inclusive of school term breaks.

Fees will be charged on statutory holidays:

<ul style="list-style-type: none">• Auckland Anniversary Day• Waitangi Day• Good Friday• Easter Monday	<ul style="list-style-type: none">• Anzac Day• Matariki• Kings Birthday• Labour Day
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No fees will be charged when the centre is closed over the Christmas period. 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.

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
• Enrichment Program – Ruru room only \$150	<input type="radio"/>	<input type="radio"/>
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: (please tick)

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

Booking Confirmation

Booking confirmed (Centre Manager Signature)

Date: / /

