

Enrolment Agreement Form



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:			
<input type="radio"/> New Zealand birth certificate	<input type="radio"/> Foreign birth certificate	Other _____	
<input type="radio"/> Foreign passport	<input type="radio"/> New Zealand passport	Staff initials _____	
Child's date of birth	DAY MONTH YEAR	<input type="radio"/> Male	<input type="radio"/> 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 eli.education.govt.nz.

* Information about acceptable identity verification documents is available online at eli.education.govt.nz

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

Parents/Guardian 1

Given names		Relationship to child	
Surname/family name			
Address (Street)			
Suburb		Postcode:	
Phone (Home)		Phone (Work)	
Email		Phone (Mobile)	

Parents/Guardian 2

Given names		Relationship to child	
Surname/family name			
Address (Street)			
Suburb		Postcode:	
Phone (Home)		Phone (Work)	
Email		Phone (Mobile)	

Additional person(s) who can pick up your child

Given names		Relationship to child	
Surname/family name			
Address			
Phone (Home)		Phone (Work)	
Email		Mobile	

Given names		Relationship to child	
Surname/family name			
Address			
Phone (Home)		Phone (Work)	
Email		Mobile	

Additional emergency contacts (also able to pick up your child)

Given names		Relationship to child	
Surname/family name			
Address			
Phone (Home)		Phone (Work)	
Email		Mobile	

Given names		Relationship to child	
Surname/family name			
Address			
Phone (Home)		Phone (Work)	
Email		Mobile	

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	
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Child's Doctor

Name			
Phone		Mobile	
Medical Centre			

Health

		Tick One
Illness/allergies:	Is your child up-to-date with immunisations? (please provide verification of all immunisations)	<input type="radio"/> Yes <input type="radio"/> No
	For staff - Immunisation records sighted and details recorded	<input type="radio"/> Yes <input type="radio"/> No
	Vision and hearing test consent	<input type="radio"/> Yes <input type="radio"/> No
	Dental checks consent	<input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> No
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Name/s of specific category (i) medicines that can be used on my child, provided by service

• Arnica cream	•
•	•
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 Rongoa 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 medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature	Date / /
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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 <input type="radio"/> Yes <input type="radio"/> No
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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 / /
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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

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature					Date	/ /

20 Hours ECE Attestation

Is your child receiving 20 hours ECE for up to six hours per day, 20 hours per week at this service?	Tick One <input type="radio"/> Yes <input type="radio"/> No
Is your child receiving 20 Hours ECE at any other services?	Tick One <input type="radio"/> Yes <input type="radio"/> No
<p>If yes to either or both of the above, please sign to confirm that:</p> <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 / /

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 Rainbow Corner Early Learning Centre.	
Parent/Guardian Signature	Date / /

Statutory Holidays/Term Breaks

This enrolment agreement is inclusive of school term breaks

The Rainbow Corner Early Learning Centre is closed on the following public holidays if they fall on a weekday. In the event that the statutory holiday falls on a weekend and celebrated on Monday, the Centre will remain closed on that Monday.

- | | | | |
|----------------------------|-----------------|--------------------|-------------------|
| • New Year's Day | • Good Friday | • Queen's Birthday | • Boxing Day |
| • Day after New Year's Day | • Easter Monday | • Labour Day | • Auckland |
| • Waitangi Day | • ANZAC Day | • Christmas Day | • Anniversary Day |

This enrolment cannot be processed until all sections are signed and completed

Policy Statement

The Rainbow Corner 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 Book

Please ensure you have read the information in the parent handbook 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.

Privacy Statement

All personal information on your child will be kept securely and remain confidential.

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 The Rainbow Corner Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature

Date / /

Centre Use Only

- Birth Certificate sighted and copy taken
- Immunisation certificate sighted and copy taken
- Court order sighted and copy taken

Mode of Payment

- Automatic payment
- EFTPOS
- Internet banking

Fees

- | | | | | | |
|-------------------------|---------------------------|--------------------------|----------------------------------|---------------------------|--------------------------|
| Work and Income Subsidy | <input type="radio"/> Yes | <input type="radio"/> No | 20 Free ECE hours | <input type="radio"/> Yes | <input type="radio"/> No |
| Sibling Rate | <input type="radio"/> Yes | <input type="radio"/> No | Weekly fees total | \$ | |
| Staff Rate | <input type="radio"/> Yes | <input type="radio"/> No | One week fees payable in advance | \$ | |

Change of Days/Times of Enrolment

Effective Date of Change: / /

DAYS ENROLLED	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Times Enrolled						

For 20 Hours ECE fill out boxes below

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature

Date / /

Enrolment Agreement with The Rainbow Corner Early Learning Centre

- By enrolling my child, I agree to them being involved with the use of Information Communication Technology (ICT) as part of the learning environment and I understand that my child's image may appear in other children's/group learning stories. Yes No
- As a condition of enrolment, I am happy for my child's first name, work or image to appear in the centre newsletter, the centre blog site, in centre DVD's and centre special events (such as children's birthdays), or in individual portfolio. The Centre will endeavour to the best of its capabilities that it protects your child's privacy and security when digital images are taken and used as part of the learning environment. Yes No
- Within the Centre's programme the children are regularly observed. In conjunction with Early Childhood Training providers, we assist with taking their students on practical placements. I give my permission for Students to undertake written observations, which do not identify my child, as part of their training. Yes No
- I give permission for teachers to keep examples of my child's record of learning as evidence of their teaching practice for teacher registration purposes. Yes No
- Photograph/video material: I give consent for my child's image to be used in promotional and marketing use, including press advertisements, websites, posters and any other forms of advertising. Yes No
- I have read, agreed and give consent to the Centre's CCTV operation as per Centre's policy. Yes No
- I give permission for my child to take part in regular excursions to the local parks, local shops and Primary School and Library (under the conditions stated in the Centre's excursions policy). Yes No
- I will notify the Centre if anyone other than those listed, will pick up my child from the Centre and I understand my child must be kept in the Centre until such permission is given. Yes No
- I agree to bring and collect my child at the time specified so that the Centre can maintain staff/child ratios and understand penalty fees will be charged if I exceed these times. I understand the centre closes at 6.00pm and I will be charged a late fee of \$20 per quarter hour when booked times are exceeded. Yes No
- I understand that if I have any complaints regarding services, I will direct these to the staff member concerned and then to the Centre Manager. Yes No
- I agree to bring my child to the centre only if he/she is well. Diarrhoea and vomiting illnesses are very contagious. The centre requires, as recommended by the Ministry of Health, that the child is free of symptoms for 48 hours before returning to the centre. Yes No
- In the event of a civil disaster your child may be taken to an alternative safe location and will be looked after to the best of our ability. Yes No
- I have read and understand The Rainbow Corner Early Learning Centre Payment of Fees Policy. Yes No
- I understand that once I state a "start date" the days and times approved are for my child only and that fees are owed from that point. Also, that fees are due for any days that my child is absent. Yes No
- I am aware that if I do not pay in accordance with the Centre Fee policy, that my account will be placed with a debt collection agency. Yes No
- The Rainbow Corner Early Learning Centre can use any person named on this document for the purpose of recovery of any outstanding debts, these persons are able to disclose my address and phone number. Yes No
- I agree to accept all WINZ responsibilities and that I pay in full any amounts not paid by them for this service. Yes No

Parent/Guardian Signature	Date / /
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