

Enrolment Agreement Form



Little Pioneers Early Learning Centre

◆ 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: d d / m m / y y y y

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: 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.

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

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:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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:

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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):
Email:	Email:
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:

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

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

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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:	
▪	▪
▪	▪
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: ____ / ____ / ____

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: <i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
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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◆ 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: ____ / ____ / ____

◆ 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 Little Pioneers.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

Little Pioneers is closed on all public holidays. Fees are payable for these days. We are generally not closed over the Christmas period. Holiday rates apply.

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Permissions

Please tick and sign if you agree with the following:

Excursions

I give permission for my child to go on local walks in this area. The walks include to Bombay school, the Bombay rugby fields and to the Local Proud's Corner park.

All other excursions require a separate permission form.

All excursions will adhere to our Excursions Policy.

Tick One

Yes

No

Parent / Guardian Signature _____ Date _____

Photo / Video

I give permission for my child to be photographed and videoed for the purposes of assessment, planning and evaluation and for advertising. All planning photos are used in portfolios and wall displays.

Videos are only viewed within the centre with staff, children and families.

Tick One

Yes

No

Parent / Guardian Signature _____ Date _____

Advertising

I give permission for my child photo to be used on our Little Pioneers and Little Settlers website and on our face book page.

Tick One

Yes

No

Parent / Guardian Signature _____ Date _____

Child Interests

What are your child's current interests?

Other Information

Policy Statement: Little Settlers has a number of policies that set out the procedures that are in place for the safety and education of your child / children. We strongly urge you to read these. The signing of this enrolment form indicates that you will abide by the policies of this service and understand how you have input into centre and policy review.

Parent Information

Please ensure that you have read the information pack as it covers important details such as our centre philosophy, fee details and subsidies that may be available for you. Also how you can be involved in the centre and the settling of your child.

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◆ **Parent Declaration**

I declare that all the above information is true and correct to the best of my knowledge.

ENROLMENT CONDITIONS I attest to the accuracy of the information provided on this enrolment form I agree to enrol my child for a minimum of 2 full days or 2 school hour days per week. Unless discussed with management.

I agree to provide the centre with a copy of my child's birth certificate and immunisation schedule on enrolment.

I understand that acceptance of enrolment of my child at Little Pioneers is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment.

I declare that my child is not enrolled in another Early Childhood service on the days that they are enrolled at Little Pioneers.

AGREEMENT TO RULES AND MANAGEMENT In signing this enrolment form I agree to abide by the rules and policies of the Centre as set down from time to time by management. I accept that management reserves the right to revoke enrolment. I accept that the centre reserves the right to add, amend, clarify or delete terms, conditions or policies by issuing newsletters, notices or posting notification on one of the centre notice boards.

FEES AGREEMENT In signing this enrolment form, I agree to pay fees on the basis of the Fees Schedule current at the time and in accordance with the Fee Payment Practice of the Centre, & acknowledge and agree to pay the appropriate fee for an enrolled day. I accept the 'late pick up fee' as per policy. I agree to give 'two weeks' notice' before withdrawal of my child from the centre. I understand a charge will be made for absences and holidays, as per the current centre fee schedule and fee policy. I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published policies & fee rates.

The centre reserves the right to change the fee rates and policies and irrespective of previously published or quoted prices, the new rates & policies will apply from the notified date.

I understand & accept that these fees are to be paid in full, in advance, within 3 days of the beginning of each billing period. I understand & accept that irrespective of any arrangements with any third party (e.g adult, income support services, accident insurance, trusts or budget services etc) to pay the fees, the full responsibility for payment remains with me.

I understand & accept that any fee or change that remains unpaid beyond the time specified in the fee policy, my child's enrolment maybe forfeited, the debt passed on to a debt collection agency, & that I will be responsible for any costs incurred in the process.

I agree that if my child's funding is effected by the frequent absence rule and the MOE deduct funding of your child because of it we will pay the full amount that has been deducted by the MOE.

PRIVACY ACT 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 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

UNWELL CHILDREN In signing this enrolment form I agree to the centre policy that I am not to bring my child to the centre when they are suffering from any condition that is capable of being transmitted to other children. As well as not returning your child until after 48 hours of the last vomit or diarrhoea episode. I have read the centre illness policy and agree to abide by this.

TREATMENT, TESTING OF CHILDREN I authorize the centre to administer to my child medications in accordance with the medicine administration policy of the centre.

Tick One Yes No

I give permission for staff to apply basic first aid and sunscreen products to my child. In the event of an accident or emergency, I authorize the centre to seek advice or treatment as it deems necessary in the best interests of my child.

Tick One Yes No

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I consent to vision, hearing and glue ear tests, or other tests by qualified professionals that are considered in the best interest of the child and consent to the results of these tests being discussed with my child's teacher.

Tick One Yes No

PARKING AND ESCORTING I agree that when dropping off my child at the centre I will park in the designated area as suitable by the centre management, escort my child into the building and sign them in on arrival before leaving my child in the centre's care. When picking up my child I will sign them out before leaving the centre and I will also ensure a staff member is aware when I am dropping off and picking up my child. I understand and accept that it is a condition of enrolment that children driven to and from the centre must travel in a child's car seat or restraint in accordance with traffic regulations.

INDIVIDUAL DEVELOPMENT PLAN/PHOTOGRAPHS I agree to my child being photographed for individual development planning and student teacher education.

Tick One Yes No

CENTRE EXCURSIONS In signing this enrolment form below 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. Please refer to our Excursion policy for further details.

Tick One Yes No

CENTRE PROMOTION I agree to my child being observed and photographed for advertising, including Facebook and promotional materials for the centre.

Tick One Yes No

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Service Declaration

On behalf of Little Pioneers, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

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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.