

Enrolment Agreement Form



Administration Records

Little Owls Preschool

Enrolment Information, **20 Hours ECE** Enrolment Hours and Attestation Information for Early Childhood Education Service .

◆ 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:

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

◆ 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. Information will be stored on 'Infocare' a secure internet software programme. The server is based in Auckland and Christchurch, information is encrypted for security purposes.

You can find more information about national student numbers at: www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

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

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:

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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:	
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:

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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"/>

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 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:	
<ul style="list-style-type: none"> ▪ Arnica- for healing bumps and bruises 	<ul style="list-style-type: none"> ▪ Plastic dressing strips for cuts and wounds
<ul style="list-style-type: none"> ▪ Normal saline for cleaning eyes and wounds 	<ul style="list-style-type: none"> ▪
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: 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: ____ / ____ / ____

◆ 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	
Times Enrolled:						Total hours:
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
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?	
	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
I have agreed to pay the Fees for the hours my child attends the centre over and above 6 hours per day as part of the 20 ECE hours programme: \$5.50 per hour <input type="checkbox"/>	
2. Is your child receiving 20 Hours ECE at any other services? Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes to either or both of the above, please sign to confirm that:	
<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. 	

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

- 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: ____ / ____ / ____

Fee Payment Information

Fees (at the hourly rate above) will be charged for hours attended by your child/ren in excess of the 20 ECE hours. The 20 ECE hours must be incorporated as a full day session (morning and afternoon session on the same day). 6 hours of this session can be claimed towards the 20 ECE hours programme.

I agree to pay fees within 7 days of receiving the invoice for the greater time booked or attended hours.

I understand my child must attend the hours I have applied for. I agree to pay fees as per the fees schedule for the time booked whether my child attends or not, including sick days.

I agree in the event of fees being in arrears, I acknowledge a late payment fee will be charged in accordance with the then current fees schedule issued by the centre and that all debt collection costs will be charged in addition to fees and late payment charges. Late payment fees may result in my child's space being cancelled and all debt collection fees payable by me. (refer to the fees schedule and payment of fees policy)

I agree that in the event of my account exceeding \$200, my child's enrolment will be suspended until arrangements are made to address the outstanding. If this is still left unpaid, full details of my enrolment and any relevant information may be forwarded to a debt collection agency for the purpose of collection of outstanding fees.

I agree to pay a late pick up fee if my child/ren are left at the centre outside the booked hours. Refer to the fees schedule and payment of fees policy.

I agree to give advance notice in writing when cancelling my child/rens booking in accordance with the centres policy.

The terms of this agreement are subject to the centre rules and regulations, which are set forth in the early childhood regulations and as such these rules and regulations may hereafter be amended from time to time.

Where this is signed jointly by more than one person, we agree that we are jointly and severally liable for all fees and other costs.

WINZ Childcare subsidies are available for those who are eligible. If you intend to pay your fees using a WINZ subsidy you are required to provide verification from WINZ of the date on which you applied for this subsidy before your child/ren can begin attending preschool.

Parent/Guardian Signature(s): _____ Date: _____

◆ Dual Enrolment Declaration

I hereby declare that my child **is/is not** enrolled at another early childhood service at the same times that he/she is enrolled at Little Owls.

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

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◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. We close for 2 weeks over the Christmas period. We will notify parents/whanau in the first week of November to specify the dates of closure over the Christmas period to allow time for future planning.

Little Owls Preschool is **not** open on Statutory Holidays.

Required Information for Licensing Purposes

- **Excursions:** Occasionally we take groups of children for walks to local parks, these outings occur spontaneously; depending on the number of children and staff we have available on the day.

We maintain a ratio of 1 adult to 4 children for Over 2's and 1 adult to 2 children for Under 2's. Any additional parental help to support ratios required by the Ministry of Education on all outings with children will be added.

On signing this enrollment form I give permission for my child to participate in excursions.

- **Photo/video:** I give permission for my child to be photographed for the purposes of assessment, planning and evaluation. This will be kept in centre and used solely for this purpose unless otherwise discussed with parents/whanau.

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Little Owls Preschool 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 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 [insert name of service], 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: ___ / ___ / ___						

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: ___ / ___ / ___						

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