

Enrolment Agreement Form - Kindy Cottage Childcare & Education (Administration Records)



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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 and retained by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Child's date of birth: dd / mm / yyyy

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: 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.

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:

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):

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:

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:

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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	
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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> 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. ▪ 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 Kindy Cottage Childcare & Education	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

Photo/video:	
Photos/ videos of my child may be taken and used within the centre for the purposes of assessment, planning and evaluation	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Photos of my child may be taken and used on the Kindy Cottage website, Facebook and for marketing purposes (e.g. flyers & displays)	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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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 :	
▪	▪
▪	▪
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:	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: ____ / ____ / ____

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Other information and Specific Terms & Conditions
<ul style="list-style-type: none"> ▪ Policy Statement: Kindy Cottage 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.
<ul style="list-style-type: none"> ▪ Parent Information Pack: Please ensure you have read the information in the parent pack 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.
<ul style="list-style-type: none"> ▪ Child's strengths, interests and preferences: Please tell us about your child's strengths, interests and preferences.
<ul style="list-style-type: none"> ▪ Sickness: I agree not to bring my child to Kindy Cottage when they are suffering from any condition that is capable of being transmitted to other children, I will notify the Centre if my child is to be absent for any enrolled hours.
<ul style="list-style-type: none"> ▪ Treatment Consent: In signing this enrolment form, I authorise the management of the centre to administer medication provided by me for my child from time to time and in the event of any illness, medical condition or accident or where the child's health may be at risk, I authorise the management of Kindy Cottage to seek appropriate professional or medical advice or treatment as they consider necessary for the best interest of the child.
<ul style="list-style-type: none"> ▪ Outings: I give permission for my child to leave the centre accompanied by centre staff for short outside walks or visits to the park; where ratios will not be less than the required adult: child ratio and all outings will be approved by the person responsible.
<ul style="list-style-type: none"> ▪ Collection of children: I will notify the centre if any person other than those named on the enrolment form is to collect my child. I understand that my child will not be released to anyone without my permission.
<ul style="list-style-type: none"> ▪ Parking and escorting children: I agree that when dropping my child off at Kindy Cottage I will park in the area designated by the centre management and escort my child into the centre building and sign my child in. I will advise a staff member before taking my child from the centre and sign my child out. I understand that the centre is not responsible for my child during arrival or departure from Kindy Cottage.
<ul style="list-style-type: none"> ▪ Fees Arrangement: I agree to pay two weeks fees in advance upon enrolment and continue to pay one full week in advance, and to give two weeks' notice before withdrawing my child from Kindy Cottage. I understand and accept that fees will be charged for statutory holidays and absences. Kindy Cottage remains open over the Christmas/New Year period. The Centre closes for the Statutory Holidays only. All children receive two weeks fees holiday per year. These holidays are not cumulative from year to year. The holidays are pro rata, and can be taken after 6 months of attendance at Kindy Cottage. This enrolment agreement is inclusive of school term breaks.
<ul style="list-style-type: none"> ▪ If a deposit is paid to hold a space and that space is not taken, I understand that this deposit is non-refundable.
<ul style="list-style-type: none"> ▪ Fee Payment Responsibility: I understand and accept full responsibility for payment of fees charged to my account in accordance with the published Fee policy. I agree to pay these fees, in advance, within seven days of the receipt of any invoice. I understand and accept that if any fee remains unpaid, beyond the time specified in the fees policy, my child's enrolment may be forfeited, the debt passed to a Debt Collection Agency and that I will be responsible for the costs incurred in the debt recovery process.

Parent Declaration
<p>I declare that all the above information is true and correct to the best of my knowledge. I confirm that I have read the Terms and Conditions above and that I understand and accept them.</p>
<p>Parent/Guardian Signature: _____ Date: ____ / ____ / ____</p>

Service Declaration
<p>On behalf of Kindy Cottage Childcare, I declare that this form has been checked and all relevant sections have been completed.</p>
<p>Service Provider Signature: _____ Date: ____ / ____ / ____</p>

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