



Enrolment Agreement Form

| Child's / Tamariki's Details | | |
|--|---|---|
| Official surname / family name: | | |
| Official given name: | | |
| Official other / middle names: | | |
| Preferred name: (if different to above) | | |
| Surname / family name: | Given name: | |
| Copy of official identity verification document* collected by staff: | | |
| <input type="checkbox"/> New Zealand birth certificate | <input type="checkbox"/> Foreign birth certificate | Staff initials: _____ |
| <input type="checkbox"/> New Zealand passport | <input type="checkbox"/> Foreign passport | |
| <input type="checkbox"/> Other | | |
| <small>* Information about acceptable identity verification documents is available online at http://services.education.govt.nz/ei</small> | | |
| Child's date of birth: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Child's ethnic origin/s: _____ _____ _____ | Iwi your child belongs to: _____ _____ _____ | Language/s spoken at home: _____ _____ _____ |
| Child's primary residential address: _____ _____ | | |
| | | Post Code: _____ |

| Parents / Whānau / Guardian Details | |
|-------------------------------------|-------------------------------|
| 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: |

Additional Person/s Who Can Pick Up Your Child

| | |
|-------------------------------|-------------------------------|
| 1. Given names: | 2. Given names: |
| Surname / family name: | Surname / family name: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| 3. Given names: | 4. Given names: |
| Surname / family name: | Surname / family name: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |

Custodial Statement

Are there any custodial arrangements concerning your child? **Yes / No**

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:

Name:

| Child's / Tamariki's Health Details | |
|---|--|
| Doctor's Name: | Phone: |
| Medical Centre Name: | |
| Details of any Illness/allergies: | |
| Is your child up-to-date with immunisations? | Yes / No |
| (Please provide verification of all immunisations) | |
| For staff: Immunisation records copied and retained on file. | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Medicine / Rongoā | |
|---|--|
| Category (i) Medicines | |
| A category (i) medicine is a non-prescription preparation that is not ingested, used for the 'first aid' treatment of minor injuries and provided by Kindy Kids and kept in the first aid cabinet. We have arnica cream, antiseptic liquid/cream, antihistamine cream and sunblock. | |
| Do you approve category (i) medicines to be used on your child? | Yes / No |
| Please tick below category (i) medicines that cannot be used on your child: | |
| <input type="checkbox"/> Arnica cream | <input type="checkbox"/> Antiseptic liquid / cream |
| <input type="checkbox"/> Antihistamine cream | <input type="checkbox"/> Sunblock |
| 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: ____ / ____ / ____ |

| Permissions | |
|--|-----------------|
| Sharing of Contact Details: I give permission for my telephone number and/or email address to be made available and shared with other parents of children at the Centre. | Yes / No |
| Internal Display of Photographs: I give permission for my child to be photographed for centre displays, management notice boards, Educa and to be included in other children's portfolios where applicable. | Yes / No |
| External Display of Photographs: I give permission for my child's photograph to be used on the Kindy Kids Huapai website and social media pages i.e. Facebook and Instagram. | Yes / No |
| Observations: I give permission for observations to be completed on my child to assist in planning a programme to meet the needs of my child and the group. This includes also Early Childhood students in the course of their training but will not include the child's name. I understand I am able to view these upon request. | Yes / No |
| Excursions: I give permission for my child to take part in excursions as per the Kindy Kids Huapai Excursion Policy. I understand this includes spontaneous short walks with the teacher/s in the local area but I will be required to give written permission for extended excursions or those involving travel by motor vehicle. | Yes / No |

| 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: http://services.education.govt.nz/eli |

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 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 not** enrolled at another early childhood institution at the same times that he/she is enrolled at Kindy Kids Huapai.

Parent/Guardian Signature: _____ **Date:** ___ / ___ / ___

Terms and Conditions

Policy Statement:

- Kindy Kids Huapai 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 Handbook:

- 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.

Enrolment:

- Payment of the first week's fees are required at the time of enrolment.
- This payment is non-refundable if two weeks' notice of cancellation is not provided.

Hours of Operation:

- The Centre is licenced to open from 7.30am to 5.30pm Monday to Friday.
- Children must attend for at least 2 days/sessions per week.

Fees:

- In signing this agreement, I agree to pay the fees as stated in the fees policy.
- I understand that I must pay one week in advance when my child starts at Kindy Kids.
- I understand that I must give two week's written notice if my child is leaving Kindy Kids or I will be charged for the extra two weeks in lieu of notice.
- I understand dropping-off and picking-up my child outside of their booked hours i.e. early drop-off and/or late pick-up, will result in additional hours being charged.
- I understand there is a late pick up fee of \$15 per 15 minutes or part thereof, if I collect my child after the closing time of 5.30pm. Note: The Centre reserves the right to contact the police if no contact has been established with you or an emergency contact for the child within one hour of closure of the Centre.
- Fees are subject to change at the discretion of the Centre.

Fee Payment:

- Fees are required to be paid by automatic payment or direct credit into the Centre's bank account. Please use your child's name as a reference. **Kindy Kids Ltd 06-0294-0966360-00**
- Late payment of fees may incur a 10% penalty of the overdue amount and will be added to the overdue amount.
- Failure to pay fees may result in cancellation of your child's enrolment at the Centre.
- All costs associated with debt collection of overdue fees is payable by you.

It is recommended if you are experiencing financial difficulties you approach the Centre Manager prior to fees becoming overdue.

WINZ Subsidies:

- I understand I must pay the full fee for my child until WINZ has approved the subsidy request.
- Any payment made in excess of the WINZ subsidy will be credited to your account.
- I understand in the event of your child not attending for the hours enrolled and subsequently WINZ not paying for these hours, I will pay the fees incurred for the hours not attended.
- I am responsible for advising WINZ of any changes in hours of enrolment and for cancelling the subsidy from WINZ.

Change of Hours:

- A notice period of two weeks is required to increase or decrease your child's booking hours and/or days.
- A change of hours form is required to be completed.

Statutory Holidays:

- Kindy Kids Huapai is closed on all statutory holidays, fees will not be charged for these days.
- The Centre is open between Christmas and New Year but may run shorter hours through to the first week in January.

Holidays:

- Fees will not be charged for holidays taken between Christmas and New Years.
- Children are entitled to two weeks fee free holiday per calendar year.
- I understand to qualify for either or both these fee holidays, two weeks' written notice must be provided prior to the absence.
- I understand full fees will be charged for all other holidays.

Arriving and Departing:

- I understand that when dropping my child off at Kindy Kids Huapai, I will park in the designated area and escort my child into the building and advise a teacher of our arrival before departing.
- I understand that it is a condition of enrolment that children driven to and from the Centre must travel in a car seat or restraint in accordance with Traffic Regulations.
- I will sign my child in on arrival and out on departure daily. Teachers are only responsible for my child during session times I am enrolled for.

Unwell Children:

- I agree to keep my child away from the Centre when they are unwell or suffering from a condition that is capable of being transmitted to other adults and/or children in the Centre.
- I agree to keep my child away from the Centre 24 – 48 hours after they are symptom free as set out in the Kindy Kids Huapai policy.
- I understand full fees are chargeable when my child is absent from the Centre due to illness.

Medical Attention and Emergencies:

- I understand if my child has an accident or injury at the Centre staff will administer basic first aid.
- I understand that my child may be taken to a doctor in an emergency and that I will cover all costs associated with this, including ambulance costs.

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: ____/____/____