



ENROLMENT AGREEMENT

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: / /

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.eli.education.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

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

Parents / Guardians:	
1. Given name:	2. Given name:
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:
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):
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):
Relationship to child:	Relationship to child:

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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 Tiny Wonders ELC.
Parent/Guardian Signature: _____ Date: ___/___/___

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Statutory Holidays

This enrolment agreement is inclusive of school term breaks.

Tiny Wonders ELC Pukekohe is closed on all statutory holidays, however if these fall on a day which your child is enrolled full fees will be charged.

Invoice Whom: Mother/Father/Both/Oranga Tamariki **(Please circle one)**

Given Names:

Address:

Child's doctor:

Name:

Phone:

Name of medical centre:

Health

Illness/allergies:

Is your child up-to-date with immunisations?

Tick One

Yes

No

(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded:

Tick One

Yes

No

Has your child any other conditions that could require special medical attention?

Please state any additional information regarding health, allergies, or food requirements that may be helpful to staff at Tiny Wonders ELC when caring for your child?

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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 :	
• Arnica	• Stingose Sunscreen
• Antiseptic Cream (Savlon)	• Bongela Saline
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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Authorisation Forms	
Emergency First Aid	
I understand that in an emergency centre staff will apply immediate first aid as deemed necessary for the protection of my child while he/she is in their care. I understand that this includes calling the doctor named on the enrolment form, implementing the doctor's instructions, calling an ambulance, and /or transporting my child to a hospital or clinic if unable to contact me to obtain my consent. I will pay for any costs incurred regarding medical cost or St John Ambulance costs.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Social Media and Website Promotion	
I hereby declare that my child is/is not able to have their photo used for the promotion of the centre.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Photographic and Video Images	
I understand that any photographic or video images I as a parent or legal guardian might take at centre events or outings will not be used inappropriately. I will not post images on social media without parental approval from the parents of any children who appear in the image.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Spontaneous Walk and Short Outings	
I give permission for my child to go on walks or short outings from the centre. These walks are recorded in the daily outings diary stating the number of children participating and who is accompanying them, as per our Excursions Policy. Staff: child ratio will be 1:3 for under 2's and 1:6 for over 2's for spontaneous walks.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Thank you for taking the time to consider these issues. We will happily respect your decision and you may feel free to change your decision at any time by updating this form.

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 Tiny Wonders Early Learning Centre 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: ____ / ____ / ____						

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Tiny Wonders Early Learning Enrolment Application: Terms, Conditions & Required Declarations
Please read before signing

Individual Education Plan	<ul style="list-style-type: none"> ○ I agree to my child being observed and photographed for Individual Development Planning
Enrolment Right	<ul style="list-style-type: none"> ○ I understand that acceptance of enrolment of my child at the centre is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and condition effective at the time of enrolment. I declare that my child is not enrolled in another early childhood service at the same times that they are enrolled at this centre.
20 Hours ECE	<ul style="list-style-type: none"> ○ This centre is a provider of the 20 hours ECE Early Childhood Education for three, four and five-year-old children. Eligibility for 20 hours ECE begins on the child's third birthday and ends on the child's sixth birthday. 20 hours ECE is available for up to six hours per day for a maximum of 20 hours per week.
Fee Payment Policy	<ul style="list-style-type: none"> ○ In signing this enrolment form I agree to pay the fees on the basis of the fee schedule that is current at the time and I will pay in accordance with the Fee Payment Policy of the Centre. ○ I understand and accept that these fees are to be paid in full, one week in advance, within three days of the beginning of each billing period. Fees will be charged out on a Monday for the week in which my child is attending. ○ I acknowledge and agree to pay the appropriate fee for an enrolled day even if unable to attend. ○ I agree to give two weeks' notice in writing before for the withdrawal of my child from the Centre. In the event two weeks' notice not being provided, fees will be required to be paid until the notice period has expired. ○ I understand that the normal fees are payable on days book for Statutory Holidays. ○ I understand the fee policy is subject to change and understand and agree to the current policy. I understand and accept that irrespective of any arrangement with any third party (e.g. other adult, income support services, accident insurance, trusts or budget services, etc) to pay the fees. The full responsibility to pay remains with me. ○ The late payment of fees can place considerable strain on the centre and on the centre's ability to deliver a quality experience- <u>for your child</u>. For this reason, if fees are overdue by more than 2 weeks, they will incur a penalty of 10%. This amount will be added to the fees outstanding. I understand and accept that if any fee or charge remains unpaid beyond the time specified in the Fee Payment Policy, my child's enrolment may be forfeited, the debt passed to a debt collection agency or proceedings will be commenced through the courts. By signing this terms and conditions you are agreeing to pay all costs incurred in the collection of the debt, such as legal costs, court fees, debt collection commissions etc.
Holidays / Sick Days *This does not apply to children enrolled on a Casual Enrolment	<ul style="list-style-type: none"> ○ A 50% fee discount is offered for holiday's, provided the centre receives two weeks' notice in writing before the holidays are taken. A maximum of three weeks holiday / sick leave can be taken in any year once the child has been enrolled in the centre for six months. Once the child has used their allocation full fees will apply. A new allocation of discounted days will roll over on the 1st of January each year. If holidays are unused in previous year these cannot roll over to following year.
Family Discounts	<ul style="list-style-type: none"> ○ A family discount of 10% is offered to the oldest child when two or more siblings are attending the centre at the same time. This discount will be removed if fees are not paid one week in advance in keeping with the fee payment policy.
WINZ Subsidies	<ul style="list-style-type: none"> ○ If you are eligible for a child care subsidy full fees are payable until any subsidy is approved by WINZ.
Exclusion	<p>In signing this enrolment form I agree to the centre rule that I am not to bring my child to the centre when they are sick, and when contacted by the centre when the child become ill, I will pick them up within 1 hour.</p>
Parking and Escorting	<ul style="list-style-type: none"> ○ I agree that when dropping my child off at the centre I will park in the area designated as suitable by the centre management and escort my child into the centre building and advise a senior staff member of my arrival before leaving my child in the centre custody. ○ I will advise a senior staff member before taking my child from the centre. ○ I understand and accept that it is a condition of enrolment that children driven to and from the centre must travel in a <u>child's care seat or restraint in accordance with traffic regulations</u>. ○ No person under the age of 18 years is permitted to drop off or pick up a child ○ No unauthorized person is permitted to pick up a child unless full notification is received by the senior teacher from a parent or guardian prior to pick up.
Privacy Act	<ul style="list-style-type: none"> ○ 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 are obliged by regulations to keep these records for at least 7 years.
Centre Rules and Policies	<ul style="list-style-type: none"> ○ I understand that the terms and conditions in this form are not exhaustive and that others are contained in published centre policy documents, rules, notices etc. ○ I accept that the centre reserves the right to add, amend, clarify or delete terms, conditions or policies by issuing newsletter, notices or posting notification on one of the centre noticeboards. ○ I have read the centre policy on sleep and agree with this policy for my child.
Agreement to Rules and Management Prerogative	<ul style="list-style-type: none"> ○ In signing this enrolment form I agree to abide by the rules of the centre as set down from time to time by Management. ○ I accept that Management reserves the right to revoke enrolment.

Signed: _____

Date: _____

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