

ENROLMENT AGREEMENT FORM

CHILD DETAILS

Child's **Official Given Name:**

Child's **Official Middle Name:**

Child's **Official Surname or Family Name:**

Name your child is known by:

Surname/family name:

Given name:

Child's Date of Birth:

Male / Female

Ethnic Origin:

Iwi your child belongs to:

Languages spoken at home:

Child's home address:

Post Code:

COPY OF OFFICIAL IDENTITY VERIFICATION DOCUMENT*

OFFICE TO SIGHT

☐ New Zealand Birth Certificate

☐ New Zealand Passport

☐ Other _____

☐ Foreign Birth Certificate

☐ Foreign Passport

☐ Staff Initials _____

Privacy Statement:

We are collecting personal information on the 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 2020. 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.

The Ministry of Education recommends that centres keep a copy of the identity verification documents of each child enrolled at the centre.

FEES POLICY

Fees are payable in advance by bank automated payment or EFTPOS at the Centre. Sessions are pre-booked so that accurate rolls can be kept, and the correct staffing ratios maintained. Fees are payable at the beginning of the week attending. A member of staff will issue receipts for EFTPOS payments and receipts for automatic payments can be issued on request. **Usual fees will be charged for absences or statutory holidays on enrolled days.** For more information, please refer to our Fees Policy document.

PARENTS / GUARDIANS:	
During work hours, who should we contact primarily?	
Relationship to child:	Relationship to child:
First name/s:	First name/s:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Email address where you would like to receive newsletters, correspondence from your child's teachers or from a member of the Centre Management Team	

EMERGENCY CONTACTS (also able to pick up your child):	
First name/s:	First name/s:
Surname:	Surname:
Address:	Address:
Relationship to child:	Relationship to child:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

ADDITIONAL PEOPLE WHO CAN PICK UP YOUR CHILD:	
Full name:	Full name:
Relationship to child:	Relationship to child:
Contact number:	Contact number:

ENROLMENT/ADMIN FEE: \$50
A fee of \$50 is a non-refundable administrative fee. Prompt payment of this fee will ensure your child's space is reserved. Please complete the details of this enrolment form and make your booking fee payment via online banking. Playtopia Educare reserves the right to re-book your space should details not be returned within 10 days.

ENROLMENT DETAILS:						
Date of Enrolment: ___/___/___		Date of Entry: ___/___/___		Date of Exit: ___/___/___		
Days enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Times enrolled:						
Please note next section is for children aged 3 and 4 years only: 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. 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: <i>(Please sign if applicable - child must be 3 or 4 years of age)</i>	
1. Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this service?	
<i>Circle one</i> Yes No	
2. Is your child receiving 20 Hours ECE at any other services?	
<i>Circle one</i> Yes No	
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 Playtopia Educare.	
Parent/Guardian signature: _____ Date: ___/___/___	

BANK ACCOUNT DETAILS:	
Playtopia Educare Early Childcare	38-9023-0203354-03

HEALTH:	
Name of Child's Doctor:	Phone:
Name of Medical Centre:	

IMMUNISATIONS AND ALLERGIES:
Is your child up to date with immunisations? (15 months/4 years) Please circle Yes No
(Please provide verifications of all immunisations to the centre administrator, a copy will be held with your child's Enrolment Form)
For staff: immunisation records sighted, a copy taken, and details recorded. Please circle Yes No
Does your child have any allergies? If YES , please explain:
Does your child have any food allergies? Or special dietary requirements? If YES , please explain:

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, but used for the 'first aid' treatment and prevention of minor injuries. It is 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 give permission for category (i) medicines to be used on your child? Please circle Yes No		
If permission is given, the following category (i) medicines could be used on your child, provided by Centre:		
<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • NaturoPharm Arnica plus cream or spray • NaturoPharm Calendula cream • Dettol Antiseptic • Sunblock </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Sudocream (zinc & castor oil) • Lavender oil • Paraderm Plus First Aid Cream • Corn flour for nappyrash </td> </tr> </table>	<ul style="list-style-type: none"> • NaturoPharm Arnica plus cream or spray • NaturoPharm Calendula cream • Dettol Antiseptic • Sunblock 	<ul style="list-style-type: none"> • Sudocream (zinc & castor oil) • Lavender oil • Paraderm Plus First Aid Cream • Corn flour for nappyrash
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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 a qualified teacher at the Centre.
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. All medicine must have original label attached and must be readable to staff.
Parent/Guardian Signature: _____ Date: ____/____/____

ONGOING ILLNESS - 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: *Please circle* **Yes** **No**

Name of Medication:

Method and dose of medication:

When does the medicine need to be taken? (State specific time or specific symptoms)

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

EXCURSIONS:

Do we have permission to take your child out of the centre on short local outings/walks? *Please circle* **Yes** **No**

Ratio will be in accordance with ECE regulations and will not exceed 1 adult:4 children under 2 years & 1 adult:8 children over 2 years. All other outings will require signed parent permission and a ratio will be selected according to the planned events

PERMISSIONS:

Can be taken to Medical Centre (in emergency) *Please circle* **Yes** **No**

Can see Lakes DHB Health Nurse for Vision & Hearing B4 school check *Please circle* **Yes** **No**

Can use Image for Notices/Newsletters *Please circle* **Yes** **No**

Can use photo/video observations for planning & Assessment for learning *Please circle* **Yes** **No**

Photo/Video Website media Consent *Please circle* **Yes** **No**

Facebook Consent *Please circle* **Yes** **No**

StoryPark Consent *Please circle* **Yes** **No**

PRIVACY AGREEMENT FOR PICTURES / VIDEOS

I..... agree as parents and extended family to not use our personal devices such as iPad, tablets, cameras, or smartphones to take any images, video, or recordings of any child (other than their own), or any centre employee without being given prior consent to do this. Consent must come from the employee themselves or from the child's parent/guardian, as per our Centre's Cybersafety Policy.

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

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 CANNOT pick up your child:

Name:

Name:

Name:

Name:

Please note: Only parents and guardians named in this form will be able to collect children from Playtopia Educare. If you wish to have anybody else collect your child, please inform the centre in writing prior to collection.

STATUTORY HOLIDAYS:

We are open 52 weeks of the year, including school term breaks, excluding Statutory Holidays. Full fees apply, see our Fee Policy for more information

We are **closed** on the following public holidays:

- New Year's Day
- Day after New Year's Day
- Local Anniversary
- Waitangi Day

- Good Friday
- Easter Monday
- Anzac
- Queen's Birthday

- Labour Day
- Christmas Day
- Boxing Day

ADDITIONAL INFORMATION:

- We require parents to sign the register or sign in the tablet each day that their child attends.
- Information about Playtopia Educare's philosophy, policies, and procedures and a copy of our most recent Education Review Office (ERO) report can be found in centre
- Information about policy reviews and how you can contribute will be published in regular newsletters.
- **Terms of Trade:** For all goods and services provided, and unless otherwise agreed in writing, payment in full is required within 7 days from the date of invoice. All costs and charges relating to recovering overdue or unpaid accounts will be payable by the customer. If an account remains unpaid the creditor may list the customer as a defaulter on any public database. The customer agrees that information can be released by any third party for the purpose of locating that person's whereabouts for debt collection.
- **Important:** You will be liable for any and all collection costs including commission and agency fees on unpaid accounts that the Centre would normally have to pay for this service.

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 Playtopia Educare, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____/____/____