



Enrolment Agreement Form

Name of Service Freckles Early Learning Centre

Licence no 47929

Customer no

| 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 | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Child's date of birth | / / |
| Child's primary residential address | | |
| Post code | | |
| Official identity verification document* | | |
| Copy of documents if collected by staff | | Staff initials |
| <input type="checkbox"/> New Zealand birth certificate | <input type="checkbox"/> Foreign birth certificate | <input type="checkbox"/> Other |
| <input type="checkbox"/> New Zealand passport | <input type="checkbox"/> Foreign passport | |
| Child's ethnic origins/s | Iwi your child belongs to | Language/s spoken at home |
| | | |
| | | |
| | | |
| Parent/Guardian's Details - 1 | | |
| Given names | Surname / family name | |
| Phone (Mobile) | Phone (Home) | Phone (Work) |
| Email address | Date of birth / / | |
| <input type="checkbox"/> tick for email invoice | <input type="checkbox"/> tick for email newsletter | <input type="checkbox"/> tick for text message alerts |
| Address | | |
| Post code | | |
| Relationship to child | | |
| Parent/Guardian's Details - 2 | | |
| Given names | Surname / family name | |
| Phone (Mobile) | Phone (Home) | Phone (Work) |
| Email address | Date of birth / / | |
| <input type="checkbox"/> tick for email invoice | <input type="checkbox"/> tick for email newsletter | <input type="checkbox"/> tick for text message alerts |
| Address | | |
| Post code | | |
| Relationship to child | | |
| Privacy Statement | | |
| <p>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 2020. Under that Act you have the right to access and request correction of any personal information we hold about you or your child. Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry: • for funding allocation purposes • for monitoring purposes • to allow the assignment of a National Student Number* to your child, and • to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11. Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.</p> | | |

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at **National Student Number (NSN) » NZQA**



| Additional person/s who can pick up your child | | |
|---|-------------------------|--|
| Given names | Surname / family name | |
| Phone (Mobile) | Phone (Home) | Phone (Work) |
| Email address | Relationship to child | |
| Address | | |
| Post code | | |
| Given names | Surname / family name | |
| Phone (Mobile) | Phone (Home) | Phone (Work) |
| Email address | Relationship to child | |
| Address | | |
| Post code | | |
| Custodial Statement | | |
| Are there any custodial arrangements concerning your child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required to prohibit a parent / guardian from collecting his/her child) | | |
| Person/s who cannot pick up your child | | |
| Name | Court order is on file? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Court order is on file? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional Emergency Contacts (also able to pick up child) | | |
| The names of the people, who are permitted to collect this child or should be consulted if the child is ill or injured (other than those stated above). No child will be given permission to leave the centre unless the person collecting the child is noted on this form or Appendix 4. | | |
| Given names | Surname / family name | |
| Phone (Mobile) | Phone (Home) | Phone (Work) |
| Email address | Relationship to child | |
| Address | | |
| Post code | | |
| Given names | Surname / family name | |
| Phone (Mobile) | Phone (Home) | Phone (Work) |
| Email address | Relationship to child | |
| Address | | |
| Post code | | |
| Given names | Surname / family name | |
| Phone (Mobile) | Phone (Home) | Phone (Work) |
| Email address | Relationship to child | |
| Address | | |
| Post code | | |
| Given names | Surname / family name | |
| Phone (Mobile) | Phone (Home) | Phone (Work) |
| Email address | Relationship to child | |
| Address | | |
| Post code | | |
| Child's doctor | | |
| Name | Phone | |
| Name of Medical Centre | | |
| In the unlikely event of a medical emergency, I understand my child will be given basic First Aid treatment by the centre staff and if necessary, taken to hospital in an ambulance. Parents or a contact person will be notified immediately. | | |



Health

Does your child have any specific illness, allergies or dietary requirements? (If yes, please specify below) Yes No

Illness/allergies/dietary:

Does your child have any chronic illness/conditions or special educational needs that the centre should be aware of? If yes, complete an Additional Needs Information Form. Yes No

Is your child up-to-date with immunisations? (Please provide verification of all immunisations) Yes No

I have provided the centre a copy of my child's immunisation certificate. Yes No

For staff: Immunisation records sighted and details recorded Yes No

You are not required to have immunisations up to date, however in the event of an outbreak of a serious communicable illness your child may be excluded from the centre under the direction of the Medical Officer of Health if their immunisation is not up to date.

I give permission for my child's head to be checked for head lice by the centre staff.
I am aware that in the case of my child having head lice, she / he may be asked to stay home until treated. Yes No

I consent to vision, hearing and ear tests for my child and consent to the results of these tests being discussed with my child's teacher and Centre Manager if necessary. Yes No

Medication

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. This includes, approved sunblock, insect repellent and saline.

Do you approve category (i) medicines to be used on your child? Yes No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:** (please cross out any you do not consent to)

- Sunblock • Antiseptic Cream • Insect Repellent • Insect Bite Treatment • Arnica Cream • Saline Solution

→ **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) medication 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 plan, for example for an ongoing condition such as asthma, eczema, or diabetes, etc and is for the use of that child only.

If your child requires category (iii) medicines you are required to complete a 'Medication Register Category iii' form which forms part of an individual plan for your child.

Complete Asthma Details and Action Plan Form if your child has Asthma Yes No

Complete Additional Needs Information Form if your child has eczema, diabetes, etc Yes No

Complete Medication Register Category iii Form if your child requires category 3 medicines Yes No

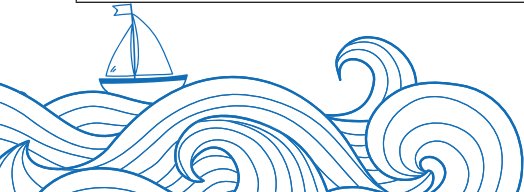
For staff: Individual health plan sighted and a copy taken Yes No

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**

| | |
|--------------------|-----------------------|
| Child's first name | Surname / family name |
|--------------------|-----------------------|

| | | |
|--|-------------------------------|-------------------------------|
| Date of enrolment (forms received) / / | Date of entry (join date) / / | Date of exit (leave date) / / |
|--|-------------------------------|-------------------------------|

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 | Total Hours |
|--------------------------------------|--------|---------|-----------|----------|--------|-------------|
| Times Enrolled eg 9:00am – 5:30pm | | | | | | |

For **20 Hours ECE** fill out boxes below with hours attested eg. 6 hours

| | Monday | Tuesday | Wednesday | Thursday | Friday | Total Hours |
|---------------------------------|--------|---------|-----------|----------|--------|-------------|
| 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 | Total Hours |
|--------------------------------------|--------|---------|-----------|----------|--------|-------------|
| Times Enrolled eg 9:00am – 5:30pm | | | | | | |

For **20 Hours ECE** fill out boxes below with hours attested eg. 6 hours

| | Monday | Tuesday | Wednesday | Thursday | Friday | Total Hours |
|---------------------------------|--------|---------|-----------|----------|--------|-------------|
| 20 hours ECE at this service | | | | | | |
| 20 hours ECE at another service | | | | | | |

→ **Parent/Guardian Signature** _____ Date / /

20 Hours ECE Attestation

1. Is your child receiving 20 Hours ECE for up to 6 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/is not** enrolled at another Early Childhood Institution at the same times that he/she is enrolled at this BestStart Service.

→ **Parent/Guardian Signature** _____ Date / /

Permissions

I understand **observations** will be completed on my child by BestStart teachers to assist in planning a programme to meet the needs of my child and the group. I understand that I am able to view these at any time. Yes No

I understand **observations** will be completed on my child by Early Childhood students in the course of their training. These observations will not include the child's name and, copies of the observation can be forwarded to parents on Yes No request.

I give permission for my child's learning journey to be **documented, photographed / filmed for assessment** purposes, available on Storypark, centre display, management notice boards and to be included in other children's portfolios where applicable. Yes No

I agree to my child being **photographed / filmed** by BestStart staff or external media groups in association with BestStart whilst in the centre or out on excursion for **news stories**. These stories / images could appear on TV, printed publications or digital places including internet, websites, social media or BestStart staff intranet. Yes No



| | |
|---|------------------|
| I agree to my child being photographed / filmed whilst in the centre or out on excursion and for these to be used for BestStart promotional or advertising purposes . Photos / film may be included in printed publications or digital places including internet and social media. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I give permission for BestStart to email information and promotional material to the provided email address(s). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| BestStart requests that if you take photos / videos at the centre, or on a centre excursion that include children other than your own, that you do not post these on any social networking sites or make them available to other persons. Should you disregard this request BestStart will not be held responsible for your actions. | |
| Permission to Attend Other Classrooms. To ensure our ratios are kept accurate at all times of the day, your child may need to join other classrooms within the centre. I give permission for my child to attend the other classrooms as required. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Incidental Walks / Local and Regular Excursion Permissions | |
| As part of our programme to support children's strengths and interests, we occasionally may take children on spontaneous short local walks or regular excursions. Every term your written permission will be sought for this, with full excursion details, location, route details and adult to child ratios. Refer to full Excursion Policy. | |
| Invoicing Details | |
| Account Name | Phone |
| Email address | Mobile |
| Is the person responsible for the care of the child an employee of BestStart? <input type="checkbox"/> Yes <input type="checkbox"/> No | Employee no |
| Fees | |
| I agree to pay fees in advance in accordance with the centre's fee schedule for the greater length of time booked or attended, including statutory holidays and sick days. | |
| I understand that my child must attend the hours I have applied for and I agree to pay fees as per the Fee Schedule for the time booked whether my child attends or not, except for any hours attested as 20 hours ECE. | |
| I agree in the event of fees being in arrears, I acknowledge a late payment fee and/or interest will be charged in accordance with the current Fee Schedule issued by the centre, and that debt collection costs may be charged in addition to fees, interest and late payment charges. | |
| Late payment of fees may result in my child's space being cancelled, and any fees owing including debt collection costs will be payable by me. | |
| I agree , in the event of non-payment of my account, that the full details of my enrolment and any relevant information may be forwarded to a collection agency for the purpose of collection of outstanding fees. | |
| I agree to pay a late pick-up fee if my child/ren is/are left at the centre outside booked hours as per the current centre Fee Schedule. | |
| I agree to give 2 weeks advance notice in writing when reducing or cancelling my child's booking in accordance with the centre's policy. | |
| This service is not open on Statutory Holidays. See Fee Schedule for fees. | |
| The terms and conditions outlined in the centre's Fee Schedule are to be read along with the terms and conditions outlined on this enrolment agreement. | |
| Work and Income Childcare Subsidy | |
| I am applying for a Work and Income Childcare Subsidy prior to my child starting at this Centre. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I understand that even if eligible for a Work and Income Childcare Subsidy I am responsible for paying my fees in full until my subsidy is approved. I also understand that I am responsible for any fees not covered by my subsidy. | |
| I am responsible for ensuring Work and Income is kept informed of any changes that may affect my subsidy. | |
| Any over payment made by Work and Income will not be offset against any outstanding balance or paid out to the person responsible for payment of fees. | |
| I confirm that I have made a full application for a subsidy prior to my child starting at this centre. Application date / / | |
| Parent Declaration | |
| I declare that I understand my responsibility for fees as stated above and the information I have provided is true and correct. Where this is signed by more than one person, we agree that we are both liable for all fees and other costs. | |
| → Parent/Guardian Signature | Date / / |
| → Parent/Guardian Signature | Date / / |

Term Breaks / Statutory Holidays

This enrolment agreement is inclusive / ~~exclusive~~ of school term breaks.

Personal Information

The security of the personal information we provide to the Ministry of Education is safeguarded by the protocol agreement our centre has entered into with the Ministry. We also use personal information for a variety of statistical research purposes but always ensure that no individual can be identified.

If you have any questions about the privacy of your personal information, contact the Centre Manager. By signing the declaration at the end of the enrolment agreement; I verify that I have read and understood the above information that relates to records kept by this BestStart Licensed Early Childhood Facility.

Policy Statement

BestStart has a number of policies that set out the procedures in place for the care and education of the children who attend its centres. These are available at the centre and 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.

Enrolment Rights

I understand that acceptance of enrolment of my child at this BestStart Licensed Early Childhood Facility is in no way an assurance of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment.

Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

→ **Parent/Guardian Signature** Date / /

→ **Parent/Guardian Signature** Date / /

Service Declaration

On behalf of this BestStart service, I declare that this form has been checked and all relevant sections have been completed.

→ **Service Provider Signature** Date / /

Parent/Guardian Checklist of items required to be attached to your Enrolment Form

- I have attached a copy of my child's birth certificate or passport
- I have attached a copy of my child's immunisation certificate or record
- Parenting order / custody papers / court order if applicable
- Parent/Guardian photo ID and proof of address (eg power account)

Office Use Only

| | |
|---|---|
| Staff members child (staff discount form completed) <input type="checkbox"/> | Settling visit hours / days offered <input type="checkbox"/> |
| Sibling attending the centre (sibling discount form completed) <input type="checkbox"/> | 20 hours ECE attestation completed <input type="checkbox"/> |
| Copy of Official Identity Document (attach to Docs in APT F2) <input type="checkbox"/> | Optional charge form completed <input type="checkbox"/> |
| Photo Identity of Enrolling Parent <input type="checkbox"/> | Immunisation form on file (record in APT F3) <input type="checkbox"/> |
| Driver's License Number <input type="checkbox"/> | Direct debit form completed <input type="checkbox"/> |
| Proof of Address <input type="checkbox"/> | Emergency Contacts Folder updated <input type="checkbox"/> |
| Deposit Paid \$ <input type="checkbox"/> | Did child attend 1st day? (if no, absent letter on file) <input type="checkbox"/> |
| Receipt Number <input type="checkbox"/> | Copy of Parenting Order (if applicable) <input type="checkbox"/> |

