

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 given names/middle names
(please separate names with a comma)

Name your child is known by / preferred name

Surname/family name

Given Name

Male Female

Child's date of birth dd / mm / yyyy

Child's primary residential address

Post code

Copy of official identity verification document* collected by staff

New Zealand birth certificate

Foreign birth certificate

Other _____

New Zealand passport

Foreign passport

Staff
initials _____

* Find information about acceptable identity verification documents online at eli.education.govt.nz

Child's ethnic origins/s

Iwi (tribe) your child belongs to *if applicable*

Language/s spoken at home

Parent/Guardian's Details - 1

Full name

Relationship

Date of birth dd / mm / yyyy

Phone (Home)

Phone (Work)

Email address

Mobile

tick for email invoice

tick for email newsletter

tick for text message alerts

Home address

Post code

Parent/Guardian's Details - 2

Full name

Relationship

Date of birth dd / mm / yyyy

Phone (Home)

Phone (Work)

Email address

Mobile

tick for email invoice

tick for email newsletter

tick for text message alerts

Home address

Post code

Emergency Contacts / People Authorised to Collect Your 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.

Name

Phone

Relationship to child

Mobile

Name

Phone

Relationship to child

Mobile

Name

Phone

Relationship to child

Mobile

Custodial Statement

Do both parents have day to day care of the child? Yes No
If **NO**, are there any parenting orders (custodial arrangements) concerning your child?

Names of any persons who are forbidden to have any contact or restricted contact to this child. A court order needs to be sighted and a copy held on file in order for our centre to prohibit a parent/guardian from collecting his/her child.

Name Court order is on file? Yes No

Name Court order is on file? Yes No

Invoicing Details

Account Name

Phone

Email address

Mobile

Is the person responsible for the care of the child an employee of BestStart? No Yes 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 **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.

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. Yes No

I understand that if eligible for a Work and Income Childcare Subsidy I am responsible for paying my fees in full until my subsidy is approved.

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 liable for all fees and other costs.

➔ Parent/Guardian 1 Signature Date dd / mm / yyyy

➔ Parent/Guardian 2 Signature Date dd / mm / yyyy

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 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: eli.education.govt.nz

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, please 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.

Enrolment Details

Child's first name _____ Surname/family name _____

Date of enrolment (forms received) dd / mm / yyyy Date of first attendance (join date) dd / mm / yyyy Date of exit (leave date) dd / mm / yyyy

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

20 hours ECE at this service						
20 hours ECE at another service						

➔ Parent/Guardian Signature _____ Date dd / mm / yyyy

Change to Days/Times of Enrolment

Effective date of change dd / mm / yyyy

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

20 hours ECE at this service						
20 hours ECE at another service						

➔ Parent/Guardian Signature _____ Date dd / mm / yyyy

20 Hours ECE Attestation

- 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
- Is your child receiving **20 Hours ECE** at any other service? Tick one Yes No

If **yes** to either or both of the above, please sign to confirm:

- 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 dd / mm / yyyy

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 dd / mm / yyyy

Term Breaks / Statutory Holidays

This enrolment agreement is inclusive / exclusive of school term breaks. BestStart services do not operate on statutory holidays.

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.

Health

Child's Doctor

Phone

Doctor's location

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 the hospital in an ambulance - parents or a contact person will be notified immediately.

I give permission for my child's head to be checked for head lice by the centre staff.

Yes No

I am aware that in case of my child having head lice, she / he may be asked to stay home until treated.

Does your child have any specific dietary requirements/allergies?

Yes No

Please specify:

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

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

Has your child had all immunisations to date?

Yes No

You are not required to have these 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 have provided the centre a copy of my child's immunisation certificate.

Yes No

Medication

Category (1) Medicines

A category (1) 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 (1) preparations that will be used, including: approved sunblock, insect repellent and saline.

Do you wish category (1) medicines to be used on your child?

Yes No

Name of specific category (1) 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

Category (2) Medicines

Category (2) 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 Maori (Maori 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 (2) 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.

Category (3) 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 (3) medicines you are required to complete a 'Medication Register Category 3' 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 3 Form if your child requires category 3 medicines

Yes No

I acknowledge I have read and understood the Health and Medical sections above.

➔ Parent/Guardian Signature

Date dd / mm / yyyy

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 request. Yes No

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. Yes No

I give permission for BestStart to **email information** and promotional material to the provided email address(s). Yes 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 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. Yes 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.

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 dd / mm / yyyy

Service Declaration

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

➔ Management Signature

Date dd / mm / yyyy

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 immunization 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		Direct debit form completed	<input type="checkbox"/>
Proof of Address	<input type="checkbox"/>	Emergency Contacts Folder updated	<input type="checkbox"/>
Deposit Paid	\$	Did child attend 1 st day? (if no, absent letter on file)	<input type="checkbox"/>
Receipt Number		Copy of Parenting Order (if applicable)	<input type="checkbox"/>