



KidzWay

Early Learning Centre

Enrolment Information, **20 Hours ECE** Enrolment Hours and Attestation Information for Early Childhood Education Services

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: d d / m m / y y y y

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.lead.ece.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 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:
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):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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:

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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:
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):
Email:	Email:

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Child's Doctor:	
Name:	Phone:
Name of medical centre:	

Health:		
Does your child have any illness/allergies: eg food, insect, grasses, sunscreen. <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Allergy	What happens?	Action to be taken
Is your child up-to-date with immunisations? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
(Please provide verification of all immunisations)		
For staff: Immunisation records sighted and details recorded: <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		

Medical Conditions:	
Does your child have any medical conditions? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, please provide details. See further below in Medicine ; Category (iii) Medicines.	

Special Needs/Challenging Behaviours:	
Does your child have any special needs or challenging behaviours? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, please provide details.	

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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: Any Category (i) medicines used on your child will be documented in the Non-Serious Accident and Illness Register.	
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 while at KidzWay Early Learning Centre: (please tick)	
<ul style="list-style-type: none"> ▪ Natro-Pharm Arnica Cream Yes <input type="checkbox"/> No <input type="checkbox"/> 	<ul style="list-style-type: none"> ▪ Sunscreen Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Anthisan Cream – for relief of insect bites and stings Yes <input type="checkbox"/> No <input type="checkbox"/> 	
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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Optional Charge (1):

- The optional charge is for:
 - **Provision of Morning Tea and Afternoon Tea at the cost of \$1.00 per day.**
 - If your child only attends ½ a day they will still be charged the full \$1.00 as there are no part charges - this is a flat rate.
 - This will be charged on a daily basis. If your child is going to be absent, please advise the Centre by 9am of the morning your child is enrolled, otherwise you will be charged the \$1.00 for that day.
 - Accounts will be issued on a fortnightly basis and your account **MUST** be paid in full by the end of that fortnight.
 - Payment by Direct Credit is preferred and the Centre bank account number can be found on your invoice.
- I understand that if I agree to pay for the optional charge, KidzWay Early Learning Centre may enforce payment.
- The agreement to pay the optional charge will last for the entire time your child is enrolled here at KidzWay Early Learning Centre, or should the AM/PM tea service be discontinued.
- The rules about making changes to the agreement are:
 - That should you at any time decide you no longer want the Centre to provide AM and PM tea for your child, you will give us one week's notice.
- I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty. "No penalty" means your enrolment will not be affected in any way, but you will provide your child's AM and PM tea.
- I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

Optional Charge (2):

- The optional charge is for:
 - **Provision of Sunscreen at the one-off cost of \$1.00 charged at the start of Term 4 each year.**
- I understand that if I agree to pay for the optional charge, KidzWay Early Learning Centre may enforce payment.
- The agreement to pay the optional charge will last for the entire time your child is enrolled here at KidzWay Early Learning Centre.
- The rules about making changes to the agreement are:
 - That should you at any time decide you no longer want the Centre to provide sunscreen for your child, you will inform us by the end of Term 3.
- I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty. "No penalty" means your enrolment will not be affected in any way, but you will provide your child's sunscreen.
- I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

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Statutory Holidays / Term Breaks

KidzWay Early Learning Centre is CLOSED on all Statutory Holidays. We observe Otago Anniversary Day and we close for 3 weeks over the Christmas / New Year period. You will be advised of the closure dates at the beginning of Term 4 each year. This enrolment agreement is **inclusive** of all school term breaks, except for the three weeks we are closed over Christmas/New Year period.

Required Information for Licensing Purposes

I give management and staff of KidzWay Early Learning Centre the authority:

- For my child to take part in short walks from the Centre (under the conditions stated in the excursions policy) YES NO
- Photo/video: permission for my child to be photographed for the purposes of assessment, planning and evaluation YES NO
- To photograph my child for public relations purposes (including our website) YES NO
- For staff and students in training to observe my child for programme and planning YES NO
- To administer medication provided by me/us for my child YES NO
- In the event of an accident, to seek medical advice and or attention as KidzWay may think necessary for my child's best interest. YES NO
- To provide information to my child's selected primary school that will aid them with their transition to School YES NO
- I/We have read and accepted the "Sleeping Children Procedure" as per parent information booklet.
- I/We have read and accepted the information contained in the parent information booklet including notes on procedures.
- I/We agree to respect the confidentiality of other families by not reading other children's Profile Books without permission from that child's parents.
- I/We agree to inform management if my/our details change.
- I/We agree that fees are to be paid fortnightly and understand that my/our account must be kept up to date to ensure a placement for my/our child.
- I/We understand the fees procedures and know I/we will be charged for booked days that my/our child does not attend due to illness or absence.
- I/We understand that if our account remains unpaid and it is passed onto a Debt Collecting Agency that I/We will be liable for any costs incurred.
- I/We understand that casual bookings must be paid for on the day.

Parent /Guardian signature: _____ Date: ____/____/____

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Other information:

- **Policy Statement:** KidzWay Early Learning Centre 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 Book:** 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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences by filling out the "All About Me" sheet.

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 KidzWay 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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