

Willow Tree Early Learning Centre Enrolment Agreement Form



Office Use (Management only to fill out):

Date of Enrolment: __/__/__

Start Date: __/__/__

Leave Date: __/__/__

Infocare number: _____

NSN: _____

◆ 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: dd / mm / yyyy

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: eli.education.govt.nz

* Information about acceptable identity verification documents is available online at eli.education.govt.nz

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

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:

Emergency Contacts/People Authorised to pick up your 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:
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:

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:

Child's doctor:

Name:

Phone:

Name of medical centre:

Health

Illness/allergies and any food restrictions:

Is your child up-to-date with immunisations?

Tick One

Yes

No

(Please provide verification of all immunisations) – copy taken

For staff: Immunisation records sighted and details recorded:

Tick One

Yes

No

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?

Tick One

Yes

No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

▪ Bepanthen/Sudocream

▪ Arnica Cream

▪ Sunscreen

▪

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:

Tick One: 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:

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?

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 Willow Tree Early Learning Centre.

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

Terms and Conditions: Please ensure you read this section carefully.

- **Excursions:** I give permission for my child to leave the centre in the company of at least 2 qualified staff members for excursions as per the centres Excursion Policy, with ratios of 1:8 (over 2's) 1:4 (under 2's). Parents will be notified of all planned trips.

I agree _____ I do not agree _____ Date: _____

- **Photo/video:** As part of the planning process we gather art work, photos and videos of all children. I agree that my child may have his/her photo and/or videos taken. I give permission for the use of photos and/or videos to be used for the centre website, and used for promotional material. This will be in consultation with you prior to the material being used.

I agree _____ I do not agree _____ Date: _____

- **Policy Statement:** Willow Tree 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.

- **Illness:** I agree that I will not bring my child to the centre if they are deemed to be suffering from an infectious illness. I will notify the centre if my child is not attending and inform the nature of the illness. I have read and agree to the illness policy. Please see policy in the centre information pack provided.

- **Medication:** I authorise "Willow Tree Early Learning Centre" to administer any medication given by me for my child and in the case of an emergency, to seek medical advice as the centre may think necessary for my child's best interest.

- **Child Access:** I will notify the centre if anyone other than those listed on this enrolment form is to pick up my child, and I understand that my child will not be released until permission has been given. Any person who has not been identified by the centre staff should produce identification prior to picking up my child.

- **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.

- **Withdrawing your child:** I agree to give two full weeks' notice before withdrawing my child from the centre. Balance owing must be paid to Willow Tree Early Learning Centre no later than your child's last day. Any outstanding fees will be passed onto Debt Recovery and collection fees will be added to your account.

- **Fees:** I understand that the fees will be paid for my child if my child misses some time at the centre, due to illness and/or for public holidays. I agree to pay all childcare fees one week in advance, if any outstanding debt is longer than 60 days I understand that it will be passed on to debt collectors with the recovery charge added to the debt. Identification evidence required upon enrolment for debit collection purposes only.

- **Holidays:** I understand that the centre will be closed on all Statutory Holidays and that fees will be charged as per normal on these days. We are open during school holidays. When we take our child on holiday I agree to give 2 weeks' notice. The holidays are allocated on the first anniversary of enrolment after 52 consecutive weeks of enrolment. You will then be entitled to 2 weeks holidays free of charge. You will then be allocated the days in which your child attends. Your account must be paid 1 week in advance at the time of your holiday request as per the fees policy. If a statutory holiday falls during your holiday period this is classed as a day of your holiday allowance. If the centre is closed over Christmas this is included in the two week holiday allocation.

- **Signing in:** I agree that I will sign the daily attendance sheet on my child' arrival. I will advise a staff member before taking my child from Willow Tree and I will sign the attendance sheet again.

- **Transport:** Children driven to and from Willow Tree must travel in a car seat or restraint in accordance with Traffic Regulations.

- **Privacy:** All personal information on your child will be kept securely and remain confidential as per the privacy act 1993.

- **Late Fee:** We understand that on the odd occasion you may be late picking up your child however if this is reoccurring you may start to be charged a late fee of \$10 per 10 minutes to your account. This is at the discretion of management. Please note we are only licensed from 7AM – 6PM Monday to Friday.

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge. I have also read and understood all of the terms and conditions disclosed on this enrolment form.

Parent/Guardian Signature: _____

Date: ____/____/____

◆ Service Declaration

On behalf of Willow Tree Early Learning Centre I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____/____/____

Office Use Only:

- Deposit Paid (Y/N)
- Parent Driver's License Number
- Passport/Birth certificate
- Immunisations
- ECE attestation form completed correctly
- All signature's required completed
- Food restrictions/Allergies
- Entered by: _____

Date: _____