

Seeds Early Learning Centre

◆ Child's details:

Child's **official given name:**

Child's **official other names / middle names:**
(please separate names with a comma):

Child's **official SURNAME** or family name:

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: / /

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: DOB:	Relationship to child: DOB:
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):
Relationship to child:	Relationship to child:

Custodial Statement	
Are there any custodial arrangements concerning your child? YES / NO	
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:
Relationship to child:	Relationship to child:

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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:
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:

Child's doctor:	
Name:	Phone:
Name of medical centre:	
Address:	

Health	
Illness/allergies:	
I allow my child to be a part of celebrations and eat party foods such as cake.	Initial _____
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: (Photocopy of records to be taken)	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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Medicine	
Category (i) Medicines	
A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, savlon, fatty cream, 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? <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, provided by service :	
▪	▪
▪	▪
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: ____ / ____ / ____

◆ Other information
Is there any other information which you feel we need to know about? e.g. Cultural, Religious, Dietary etc

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◆ 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 <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
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 Central Park Early Learning Centre	
Parent/Guardian Signature: _____ Date: ___ / ___ / ___	

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◆ Optional Charges: (if applicable)
1. The optional charge is for 3 to 5 year olds who attend morning sessions or FREE 6 hour days
▪ Lunch \$3.00 per day your child is enrolled for a morning sessions or
2. I understand that if I agree to pay for the optional charge, Central Park Early Learning Centre, may enforce payment.
3. The agreement to pay the optional charge will last for the duration of enrolment.
4. The rules about making changes to the agreement are:
▪ Providing a healthy packed lunch for your child.
5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty, however I will provide my child with lunch.
6. I agree/do not agree (<i>select one</i>) to pay the optional charge for the activities/items specified in this enrolment agreement form.
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Permission for:
<ul style="list-style-type: none"> ▪ Excursions: From time to time the centre staff and children partake in impromptu walks as part of the daily centre programme. If you do not wish your child to participate in these extra curricula activities please advise on enrolment. Planned excursions will require additional parental permission and full details of where, when and adult to child ratio's will be given. Permission for your child to take part in these excursions is covered under the conditions stated in the excursions policy. Initial here _____
<ul style="list-style-type: none"> ▪ Website/ Facebook page: Central Park Early Learning Centre has its own Facebook page, we often update this with current photos and information that may include your child. If you do not wish your child's photos to be uploaded to our Facebook page or website, please advise on enrolment. This will be recorded in our administration software. Initial here _____
<ul style="list-style-type: none"> ▪ Photo/video: permission for the child to be photographed for the purposes of assessment, planning and evaluation. Photos will be used in learning stories, centre project books, and wall displays. Video's will only be used for centre use unless prior consent is given. Initial here _____

Other information
<ul style="list-style-type: none"> ▪ Policy Statement: Central Park 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. Initial here _____
<ul style="list-style-type: none"> ▪ Parent Handbook / Pamphlet: Please ensure you have read the information in the parent handbook / pamphlet 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, and be involved. Initial here _____
<ul style="list-style-type: none"> ▪ Child's strengths, interests and preferences: Please tell us about your child's strengths, interests and preferences by completing the "All about me" questionnaire and returning to your child's teacher. Initial here _____
<ul style="list-style-type: none"> ▪ Transitional School Visits: If we can be of any assistance please ask us. Initial here _____
<ul style="list-style-type: none"> ▪ Dropping off / Picking up: I agree that when dropping off my child at the centre I will escort my child into the building and advise a teacher of my arrival before leaving my child in the Centres custody. I will advise a teacher before taking my child from the centre. I will sign my child in on arrival and out on departure daily. I understand and accept that this is a condition of enrolment that children driven to and from the Centre must travel in a child's car seat or restraint in accordance with Traffic Regulations. Initial here _____

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Fee agreement and Payment Responsibility

- A one off \$50.00 booking fee. (Covers administrative costs etc i.e. hard copy portfolio book, digital portfolio, and newsletters etc) Initial here_____
- Fee Payable at time of enrolment is: \$_____ per week Initial here_____
- I agree to pay the above fees and to pay in accordance with the Fee Policy of the Centre. Initial here_____
- I acknowledge there is a 10% discount for 2 or more children enrolled from the same family, and this discount is only available if the fees are paid on the week for the week or in advance, but not in arrears. Should my account become in arrears, this discount will not apply. Initial here_____
- I acknowledge that if any fee/s or charge remains unpaid, my child's enrolment may be forfeited, the debt may be passed to a Debt Collection agency or placed before the Small Claims Court, and that I will be responsible for any costs incurred in this process. Initial here_____
- I acknowledge the requirement to give two (2) weeks notice, in writing, prior to withdrawing my child. If I fail to do so, I agree to pay the subsequent fee/s in lieu of notice. Initial here_____
- I also acknowledge that, irrespective of any arrangement with any third party (i.e other adult, Income Support Service, Accident Insurance, Trust etc) to pay the fees. Full responsibility to pay the fees owed, remains with me. Initial here_____

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge. I have also read and understand all the information provided in this enrolment agreement.

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

◆ Service Declaration

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

Service Provider Signature: _____ Date: ____/____/____

◆ Reason for choosing our Centre

Advertising <input type="checkbox"/> Word of mouth <input type="checkbox"/> Signage <input type="checkbox"/> Website/ Facebook page <input type="checkbox"/>	Recommended from another Centre <input type="checkbox"/> Previous Enrolled sibling <input type="checkbox"/> Staff Member <input type="checkbox"/> Yellow Pages <input type="checkbox"/>
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Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
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	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
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	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

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