

The Enchanted Garden

Early Childhood Centre

Enrolment Agreement Form



Child's official surname or family name _____

Child's official given names _____

Child's official other names/middle names _____

Name your child is known by/given name _____

Surname/family name _____ Given name _____

Copy of official identity verification document* collected by staff

- New Zealand birth certificate
- New Zealand Passport
- Foreign Birth Certificate
- Foreign Passport
- Other

Staff initials _____

Child's date of birth _____

Gender: male/female

Child's ethnic origin/s: _____

Iwi your child belongs to: _____

Languages spoken at home: _____

Child's primary residential address: _____

Postcode _____

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.

Parents/Guardians

1. Given names: _____ Surname/family name: _____
Address _____ Post code _____
Phone (Home): _____ Phone (Work): _____
Phone (Mobile): _____ Email address _____
Relationship to child: _____

2. Given names: _____ Surname/family name: _____
Address _____ Post code _____
Phone (Home): _____ Phone (Work): _____
Phone (Mobile): _____ Email address _____
Relationship to child: _____

3. Given names: _____ Surname/family name: _____
Address _____ Post code _____
Phone (Home): _____ Phone (Work): _____
Phone (Mobile): _____ Email address _____
Relationship to child: _____

4. Given names: _____ Surname/family name: _____
Address _____ Post code _____
Phone (Home): _____ Phone (Work): _____
Phone (Mobile): _____ Email address _____
Relationship to child: _____

Additional person/s who can pick up your child:

Given names: _____ Surname/family name: _____
Address: _____ Post code: _____
Phone (Home): _____ Phone (Work): _____

Given names: _____ Surname/family name: _____
Address: _____ Post code: _____
Phone (Home): _____ Phone (Work): _____

Additional emergency Contacts (also able to pick up your child):

1. Given names: _____ Surname/family name: _____
Address _____ Post code _____
Phone (Home): _____ Phone (Work): _____
Phone (Mobile): _____ Email address _____

2. Given names: _____ Surname/family name: _____
Address _____ Post code _____
Phone (Home): _____ Phone (Work): _____
Phone (Mobile): _____ Email address _____

3. Given names: _____ Surname/family name: _____
 Address _____ Post code _____
 Phone (Home): _____ Phone (Work): _____
 Phone (Mobile): _____ Email address _____

4. Given names: _____ Surname/family name: _____
 Address _____ Post code _____
 Phone (Home): _____ Phone (Work): _____
 Phone (Mobile): _____ Email address _____

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: _____ Immunisations.

Child's Doctor

Name: _____ Phone: _____
 Name of medical centre: _____

Immunisations

Is your child up to date with immunisations? Yes No

(please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded Yes No

Medicine

A category (i) medicine is a non-prescription preparation that is not ingested, and used for the 'first aid' treatment of minor injuries and is provided by the service and kept in the first aid cabinet. These preparations are - Arnica cream to minimise bruising, Calendula healing cream, Insect bite spray, Zinc and castor oil nappy barrier cream, Sudocrem nappy rash cream and baby powder sign: _____ date: _____

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.

I acknowledge that written authority from a parent is to be given at the beginning of each day/ session 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. Sign: _____ date: _____

Category (iii) medicines are medicines your child requires as part of an individual health plan (see included) for example for an on-going condition such as asthma or eczema etc and is for the use of that child only. Sign: _____ Date: _____

For Staff: individual health plan sighted and a copy taken Yes No

I give permission for the staff to apply sunscreen to my child sign: _____ date: _____
 In the event of an accident or emergency I authorise the centre to seek such advice /treatment, as is deemed necessary in the best interests of my child sign: _____ date: _____
 I give permission for my child to be photographed/evaluated by the centre staff sign: _____
 I give permission for videos/photos taken by staff to be used for publicity and promotion, such as centres web site and newspaper adverts sign: _____
 I give permission for learning stories my child is involved in to be used for publicity/ promotion sign: _____
 I give permission for learning stories written about my child to be displayed in the centre sign: _____
 I give permission for students/visitors/parents to take photos/videos at the centre that may include my child sign: _____
 I give permission for my child to attend walks to the local shops and parks, with a ratio of 1:4 sign: _____
 I understand that other non-local excursions will require my written consent with a ratio of 1:3 sign: _____
 I understand that if my fees are not paid one week in advance my booking may be cancelled sign: _____

Enrolment Details

Date of Enrolment _____ Date of Entry _____ Date of Exit _____

Dual Enrolment Declaration: I hereby declare that my child is/is not (please circle) enrolled at another early childhood institution at the same times that he/she is enrolled at The Enchanted Garden

Parent/Guardian Signature _____ Date: _____

Start and Finish times

Monday	Tuesday	Wednesday	Thursday	Friday	Total hours

20 hours ECE.

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

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 other early childhood education services your child is enrolled at, about the information contained in this box.

Parent/Guardian signature

Date

Statutory Holidays/term breaks

This enrolment agreement is inclusive of school term breaks.

This service is not open on statutory holidays

I have received and read a copy of the rules, conditions and fee payment policy that applies to The Garden Early Childhood Centre and agree to abide by these. Sign: _____

In accordance to the fee payment policy I understand that I pay fees for statutory holidays,. Sign: _____

Payment of Fees

I will pay my child's fees into the centres bank account two weeks in advance via weekly or fortnightly automatic payment, not direct credit or debit or cash. Sign: _____ Date: _____

Acc: 060801 0623742 00 (Please use child's name as a reference)

I have read the centres "Supervision of Sleeping children policy and sign my support for this. Sign: _____

Parent Declaration: I declare that the above information is true and correct to the best of my knowledge

Sign: _____ Date: _____

Service Declaration: On behalf of The Enchanted Garden Early Childhood Centre I declare that this form has been checked and all relevant sections have been completed:

Centre to Sign: _____ Date: _____

The Enchanted Garden Individual Child Health and Wellbeing Plan

Childs Name _____

My child has the following allergies:

My Child has the following special/individual needs

Please state how you would like the staff to respond to these needs. (An individual meeting regarding this can also be arranged)

My Child has the following Health needs/concerns

Please state clearly what the staff need to do in order to meet these identified health needs/concerns. Is there any specific training the staff need to undertake to do this?

Please state any other relevant information regarding your child/family

The Enchanted Garden Ongoing Treatment Category (iii) Medicine Form

Category(iii) medicines are defined as prescription or non prescription medicines that are used for on going treatments of a pre-diagnosed condition and are supplied by the parents. Examples of these types of medicines are asthma inhalers, epilepsy medication, eczema cream, specific nappy cream etc.

<i>Childs full name</i>	<i>Specific Name of category (iii) medicine</i>	<i>Method and dose</i>	<i>specific symptoms to administer category (iii) medicine</i>	<i>Parents name Signature Date</i>