

Kiwi Explorers

Enrolment Agreement Form

Childs details

Child's official surname or family name: _____

Child's official given name: _____

Child's official other names/middle names: _____

Name your child is known by/preferred name: Surname/family name: _____

Given name: _____ Child's date of birth: _____ Male/Female

Child's primary residential address: _____

_____ Post code: _____

Child's ethnic origin/s: _____ Iwi your child belongs to: _____

_____ Language/s spoken at home: _____

Copy of official identity verification document collected by staff:

- New Zealand birth certificate
 Foreign birth certificate
 New Zealand passport
 Foreign passport
 Other _____

Staff initials: _____

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 and 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.

Parents/guardians details

	<u>1st contact person</u>	<u>2nd contact person</u>	<u>3rd contact person</u>
Name:			
Relationship:			
Day phone:			
Mobile:			
Email:			
Address:			

Emergency contact details

These persons named below are also **allowed** to collect this child from Kiwi Explorers.

Name:	Day phone:	Mobile:	Relationship to child:

Please list below person's who **cannot** pick up this child.

(A copy of the legal document pertaining to this must be provided).

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Child's medical information

Doctor's name: _____ **Phone:** _____

Address: _____

Does your child have any special needs? Yes / No **If yes please specify....** _____

Does your child have a special diet? Yes / No **If yes please specify....** _____

Medical declaration

I accept responsibility for any expense incurred in obtaining treatment for this child in an emergency situation.

Medicines

I give permission for teachers to apply basic First Aid and the following non-prescription products to this child:

(Category (i) Medicines)

Sun screen Yes / No Bepanthen (antiseptic cream) Yes / No

Arnica cream Yes / No Insect bite cream or spray Yes / No

Does your child have a health condition that requires on-going medication e.g. asthma? Yes / No

Have you completed the individual health plan for category (iii) medication? Yes / No

Please provide verifications of all immunisations. Immunisation record sighted and recorded. Yes / No

Parent/guardian Signature: _____ **Date:** ____/____/____

General consent and disclosure

- I agree to this child going on regular excursions during the day to support their learning and development, under the conditions stated in the Excursions Policy. Yes / No
- I understand ICT is an integral part of the Early Education Centre programme and that photos and/or videos may be taken of this child which will be used as a form of documenting their learning. Yes / No
- I give permission for any such photo's and/or videos to be used for publicity purposes. Yes / No
- I give permission for photos of this child to be posted on Facebook Yes/No
- I give permission for this child to use ICT equipment to support their Early Education. Yes / No
- I give permission for this child's name to be published in Kiwi Explorers newsletters. Yes / No
- I give permission for the Public Health nurse to do the routine 4 year old Vision and Hearing test required as part of your child's final well child check. Yes/No
- I give permission for this child to be taken to an alternative emergency location e.g. civil defence, in the event of an emergency. Yes / No

Parent/guardian Signature: _____ **Date:** ____/____/____

Statutory Holidays / Term breaks

- **School holidays** - This enrolment agreement is **inclusive** of school term breaks. During school holidays bookings are as normal and any absences will be charged for at the full rate.
- We will be **closed** on all **Statutory/public holidays**. These are charged at the full fee rate.

Dual enrolment disclosure

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 Kiwi Explorers.

Parent/guardian Signature: _____ **Date:** ____/____/____

20 Hours ECE Attestation

(This section is to be completed when your child is 3yrs old.)

- Is this child receiving 20 Hours ECE funding for up to six hours per day, 20 hours per week at this service? Yes / No
- Is this child receiving 20 Hours ECE at any other service? Yes / No
- Families who are not using any of their 20 Hours ECE at Kiwi Explorers will be asked to pay a fee for each hour that is not attested for the Ministry of Education 20 Hours ECE rate.

If yes to either of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of the 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 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 under this heading.

Parent/guardian Signature: _____ **Date:** ____/____/____

Optional Charges

- Some components that Kiwi Explorers provides are additional to the Ministry of Education's regulated requirements and relate to things which directly benefit your child and builds on the experiences provided at Kiwi Explorers. This enables us to deliver high quality early childhood education to children.
- The optional charge is encouraged as it enables Kiwi Explorers to provide:
 - higher registered teacher:child ratios, above 80% qualified; Pmp, Move to Learn, programme, including the equipment; sunblock, and subsidising excursions.
- I understand that if I agree to pay the optional charge, Kiwi Explorers may enforce payment.
- The agreement to pay the optional charge will last for the duration your child is enrolled at Kiwi Explorers.
- The rules about making changes to the agreement are that either party must give 2 weeks' notice prior to the annual review period (August) to make any changes.
- I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
- I **agree/do not agree** to pay the optional charge of \$1.50 per hour for the activities/items specified in this enrolment agreement form.

Parent/guardian Signature: _____ **Date:** ____/____/____

Enrolment Details

Please note:

- any changes to enrolment details must be notified immediately to a teacher/administrator and this enrolment agreement must be amended.
- 20 Hours ECE is for up to 6 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.

Date of enrolment: ____/____/____ Entry date: ____/____/____ Exit date: ____/____/____

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
Times Enrolled						

For 20 Hours ECE fill out the boxes below with the hours attested e.g. 6 hours.

Total hours

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian signature: _____

Date: ____/____/____

Parent Declaration

- Kiwi Explorers 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.
- Please ensure you have read the information in the parent information booklet 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 Kiwi Explorers.

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian signature: _____

Date: ____/____/____

Who is to receive the invoice?	
Would you like to receive your invoice by email?	Yes / No
Do you qualify for a WINZ Childcare Subsidy?	Yes / No
If Yes, what is your WINZ Customer number?	

Service Declaration (Office use only)

- All personal information on your child will be kept securely and remain confidential.
- On behalf of Kiwi Explorers Early Education Centre, I declare that this form has been checked and all relevant sections have been completed.

Service providers signature: _____

Date: ____/____/____

Changes to Enrolment Agreement

Change of Days/Times of Enrolment

Effective date: ___/___/___

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
Times Enrolled						

For 20 Hours ECE fill out the boxes below with the hours attested e.g. 6 hours.

Total hours

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian signature: _____

Date: ___/___/___

Change of Days/Times of Enrolment

Effective date: ___/___/___

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
Times Enrolled						

For 20 Hours ECE fill out the boxes below with the hours attested e.g. 6 hours.

Total hours

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian signature: _____

Date: ___/___/___

Change of Days/Times of Enrolment

Effective date: ___/___/___

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For 20 Hours ECE fill out the boxes below with the hours attested e.g. 6 hours.

Total hours

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian signature: _____

Date: ___/___/___

Change of Days/Times of Enrolment

Effective date: ___/___/___

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
Times Enrolled						

For 20 Hours ECE fill out the boxes below with the hours attested e.g. 6 hours.

Total hours

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian signature: _____

Date: ___/___/___