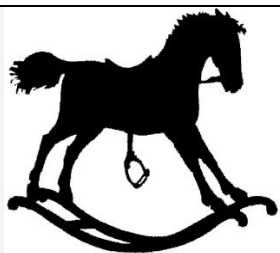


West Melton Kindergarten, Nursery & Learning Centre Enrolment Agreement Form



◆ 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: / /

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.

1 Privacy statement.: All personal information on your child will be kept securely and remain confidential. 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:

2 Privacy statement.: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent / guardian.

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:

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

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

3 Privacy statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent / guardian.

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? <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:	
<ul style="list-style-type: none"> ▪ Arnica ▪ Anthisan ▪ Burn Aid 	<ul style="list-style-type: none"> ▪ Savlon ▪ Suncream
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: ____/____/____

4 Privacy statement.: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent / guardian.

◆ 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: ___ / ___ / ___						

Enrolment fee and Winz Payments:
 The Centre has an enrolment fee of \$45.00. This is an administration fee that covers the cost of setting up for your child in the centre. The fee is non-refundable and is required prior to your child starting in the centre. All fees are the responsibility of the family and are to be paid weekly on invoice day. Winz payments must be covered by the family until Winz payment start. Any legal fees incurred in the process of collection of unpaid fees will be covered by the family.

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?			
	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?			
	<i>Tick One</i>	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: ___ / ___ / ___			

5 Privacy statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent / guardian.

◆ 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 West Melton Kindergarten, Nursery and Learning Centre

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

◆ Optional Charges:

The optional charge is necessary to maintain the current high level of qualified experienced registered teachers we employ, to support quality care and education. (The optional charge is only for children aged 3-5 who are receiving part or full time ECE hours)

1. The optional charge is for:

- West Melton Kindergarten & Nursery Ltd. to employ above 80% of registered teachers in all three sections of the centre.
- Above teacher ratios.
- Purchase of sun cream.
- Centre subsidy toward extra activities i.e Life Education visit / Story tellers etc

2. I understand that if I agree to pay for the optional charge West Melton Kindergarten & Nursery Ltd. may enforce payment

3. The agreement to pay the optional charge will last for two years

4. The rules about making changes to the agreement are:

- Parents will be notified of any changes.
- Parents have two weeks in which to alter their decision.

5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I **agree/do not agree** (*select one*) to pay the optional charge of \$30.00 per the first day of each new quarter.

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

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

The West Melton Kindergarten, Nursery & Learning Centre will not be open on Public Holidays falling on a weekday.

No funding applies for Statuary days so usual centre fee applies to all children.

Permission and Declaration

- **Excursions:** I agree that my child can go for walks in the West Melton Settlement and to the West Melton Primary School to watch Pets Day, Sports Days etc. I understand that the ratio will be no higher than 1-4 in the Nursery; 1-9 in the Kindergarten and 1-10 in the Learning Centre. There will always be at least 2 adults.
- **Excursion by bus or car outside the West Melton area:** I understand that parent permission must be signed for by a parent / guardian for each individual excursion, along with notification of teacher / child ratio. This will relate to the type of excursion but will be lower than the usual centre ratio.
- **Photo/video:** I give permission for my child to be photographed while at the centre for assessment, planning and promotional purposes. Photos are placed throughout your child's portfolio book as part of your child's and other children's learning stories. Videos are recorded yearly at the Christmas Concert.

- **Policy Statement:** the West Melton Kindergarten, Nursery & 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.
- **School Enrolment / Transitional School Visits;** It is the parents responsibility to enrol their child at a school of their choice. The centre holds information regarding various schools and you are welcome to discuss options with your child's preschool teacher. The centre works in with the West Melton Primary School and is happy to collect your child from their school visits when it is their booked day at the centre.
- **Healthy Lunchboxes;** Follow the West Melton Kindergarten and Nursery lunchbox guidelines. (Ask staff if unsure).
- **Health Visits;** I give permission for my child to be seen by the Health Nurse who visits the Centre for ear and eye health checks.
- **Inform Staff of any changes** in your child's life then we are aware and effective in our teaching and caring.
- **Finishing at the Centre;** Two weeks notice must be given when finishing at the centre, otherwise two weeks fees will be charged.
- **ECE 20 Hours;** A child receiving 20 ECE hours can continue using these ECE hours once five years of age until they physically start school.
- **Before / After school programme;** Children who attend the West Melton Learning Centre have priority into this programme so please advise the centre as soon as possible should you require this programme.
- **Childs strengths, Interests and preferences;** Please tell us about your child' on the attached 'Getting to know' sheet. This will be placed in their portfolio book.

Agreement; I have read, understood and agree to the conditions on this enrolment form and Information and Fee statements in the West Melton Kindergarten and Nursery or Learning Centre Information Booklet. With failure to pay centre fees management has the right to forward parents details to a Debt Collection Agency as it is the parents responsibility to pay any outstanding debt and all legal and collection costs incurred.

Signature.....

Parent / Caregiver Involvement

- Please read all Policies, Procedures and Newsletters. We welcome your feedback.
- Share your child's emerging interests, skills and abilities by communicating with staff on a regular basis. We encourage families to add stories, photos comments to their child's portfolio book.
- Offer your time (or an extended family member) to volunteer at the centre when possible.
- The West Melton Kindergarten, Nursery and Learning Centre teachers are available during the day for informal discussions and you are welcome to make a private appointment time to discuss your child. The centre provides parent evenings and invite parents / caregivers to be involved in our monthly policy review process. Newsletters are sent every 1-2 months, with email being our preferred form of communication as all messages are sent via email as well as being placed on the Notice Board.
- **We value families / whanau involvement in every aspect of our centre life.**

7 **Privacy statement.:** All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent / guardian.

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 [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

Service Provider 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: ____ / ____ / ____

8 Privacy statement.: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent / guardian.

9 **Privacy statement:** All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent / guardian.
