



West Melton Kindergarten, Nursery and 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.

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:

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?	<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:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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 • Antihistamine cream • Burn Aid 	<ul style="list-style-type: none"> • Savlon • Sun cream
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: ____ / ____ / ____

◆ 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 towards 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 and 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 Regular Excursions in the local community. For example; walks around West Melton Settlement, to the West Melton Primary School to watch Pets Day, Sports Days etc. I understand that there would be a ratio of no less than 1 adult : 4 children and there will always be at least 2 adults on every Regular Excursion.
- **Excursion by bus 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 a maximum of 1 adult to 4 children.
- **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. These are available from the Office. You will be informed when these policies are reviewed and encouraged to have input into them. The signing of this enrolment agreement form indicates that you will abide by the policies of this service. The latest ERO report is available at the office or from www.ero.govt.nz
- **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 parent's 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). We are a nut and whole egg free centre so please do not include these in the lunchbox.
- **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 parent's responsibility to pay any outstanding debt and all legal and collection costs incurred.

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

Parent /Caregiver Involvement.

- Please read all policies and newsletters. We welcome your feedback.
- Share your child's emerging interests, skills and abilities by communicating with teachers on a regular basis. We encourage families to add stories, photos and comments to their child's portfolio book.
- Teachers are available during the day for informal discussions and you are welcome to make a private appointment time to discuss your child.

We value families / whanau involvement in every aspect of our centre life.

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◆ Parent Declaration

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 West Melton Kindergarten, Nursery and Learning Centre 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: ____ / ____ / ____