

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:	
Child's date of birth: dd / mm / yyyy	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s:	
Iwi your child belongs to:	
Language/s spoken at home:	
Child's primary residential address:	
Post Code:	

For staff to complete:

Official identity verification document sighted ☐ Staff initials: _____ NSN Number: _____
 Document type: _____ Document date of issue: _____
 ID number: _____ Date of birth on ID: _____
 Child's name as recorded on ID: _____
 Alternatively, unverified National Student Number (NSN) created by MOE: ☐ Yes ☐ No

Enrolment Details:

Date of Enrolment: ____ / ____ / ____		Date of Entry: ____ / ____ / ____		Expected Date of Exit: ____ / ____ / ____		
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled: Hours required (e.g. 7.30am – 5:30pm)						Total hours:
Parent/Guardian Signature: _____				Date: ____ / ____ / ____		

Dual Enrolment Declaration

Has your child ever attended another early childhood service before? Tick One: Yes No ☐

I hereby declare that my child **is/is not** (circle one) 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: ____ / ____ / ____

Parents / Guardians:

I. 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:

Emergency Contacts (other than Parent/Guardian – must be able to pick up your child)

I. 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:

Additional person/s who can pick up your child:

I. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home/Work):	Phone (Home/Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

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:
Relationship to child:	Relationship to child:

Child's doctor:

Name:

Phone:

Name of medical centre:

Health

Illness/allergies:

Dietary requirements:

I understand that the centre does not provide meals and I have been given a copy of the "reducing food related choking" Ministry of Education Document.

Tick One

Yes

☐

No

☐

Does your child have any ongoing health issues?

Tick One

Yes

☐

No

☐

Is your child up to date with immunisations?

Tick One

Yes

☐

No

☐

(Please provide verification of all immunisations)

For staff: Immunisation records sighted, and details recorded:

Tick One

Yes

☐

No

☐**Medicine - Category (i)**

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.

Do you approve category (i) medicines to be used on your child?

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

- Antiflamme Arnica

Yes / No

- Sungard SPF 50+ sunblock (October – April)

Yes / No

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Category (ii)

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops, etc) or non-prescription (such as cough syrup) 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 a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time and/or specific symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Category (iii)

To be filled in if your child requires medication as part of an individual health plan, for example for an ongoing condition such as asthma, eczema, nappy rash, etc., and is for the use of that child only. **A preventative medication form must be completed before medication is administered.

For staff: Individual health plan sighted, and a copy taken:

Tick One:

Yes

☐

No

☐

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: ____ / ____ / ____

Permissions:

Please indicate below whether you give permission for your child to:

Attend short local walks maintaining adult: child ratios *Tick One:* Yes ☐ No ☐

The ratios are 1:2 under 2, 1:4 for 2,3,4 & 5 years

Be taken to a medical centre in case of an emergency *Tick One:* Yes ☐ No ☐

Be assessed by the Plunket Heath Nurse for vision & hearing *Tick One:* Yes ☐ No ☐

Be photographed or filmed by our centre staff and/or students for the purpose of:

Planning/assessment/evaluation/Storypark/Educa: *Tick One:* Yes ☐ No ☐

Student teacher studies: *Tick One:* Yes ☐ No ☐

social media, website, and/or marketing: *Tick One:* Yes ☐ No ☐

Newsletters/notices/displays: *Tick One:* Yes ☐ No ☐

Be photographed/filmed by other parents at events or celebrations *Tick One:* Yes ☐ No ☐

Be photographed/filmed for newspaper and/or news stories *Tick One:* Yes ☐ No ☐

Parent/Guardian Signature for permission choices above _____ Date: ____ / ____ / ____

How did you hear about us? Flyer: ☐ Instagram: ☐ Facebook: ☐ Newspaper: ☐ Signage ☐

Web search: ☐ Referral: ☐ Other: _____

20 Hours ECE Attestation (For children 3 years and older)

For the 20 Hours ECE government subsidy fill out the boxes below with the hours attested e.g. 6 hours for a full day or 4 hours for a session.

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.

	Monday	Tuesday	Wednesday	Thursday	Friday	
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Is your child receiving the full "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 any of the "20 Hours ECE" at any other services? *Tick One:* Yes ☐ No ☐

If yes to any or all 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 to 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 / Public Holidays

Providing 2 weeks' notice of absence is given, each child is entitled to up 4 weeks per year at a reduced rate.

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 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 ministry 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: ____ / ____ / ____

Terms of Trade, which must also be signed by parents are on reverse – Page 6

Parent Declaration

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

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

Terms of Trade, which must also be signed by parents are on reverse – Page 6

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.

Management Signature: _____ Date: ____ / ____ / ____

For admin use only:

How did they contact us:

Phone: ☐ Email: ☐ Website: ☐ Facebook message: ☐ In person: ☐ Other: _____

Privacy Statement

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy Statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).

Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at National Student Number (NSN) » NZQA

Early childhood services can find out more information about NSN assignments – including acceptable identity verification documents – at: National Student Numbers (NSN) – Education in New Zealand

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

Terms of Trade for West Melton Kindergarten, Nursery and Learning Centre

I understand that:

1. A \$45 Enrolment Fee is payable at the time my child is enrolled with West Melton Kindergarten, Nursery and Learning Centre (the "Centre").
2. All fees are to be paid weekly in advance.
3. If my child is enrolled with the Centre, I will be billed from the enrolment start date and agree that all fees are payable until I have given two weeks' notice in writing, regardless of whether my child attends.
4. I hold full responsibility for the payment of fees charged to my account in accordance with the published rates and policies.
5. If my fees are in arrears for two weeks and no arrangement has been made with Centre management, the Centre reserves the right to cancel my child's enrolment and/or charge a late payment fee of 15% per annum on any outstanding amounts owed. If any account balances remain unpaid, then all costs of debt collection (including legal, filing and court fees, and all debt collection commissions, etc.) incurred by the Centre will be payable by me, the parent/ caregiver/ guardian.
6. If my child is sick or away (for any reason) during any time that they are booked with the Centre (including statutory holidays) then the full fees are still payable by me, the parent/ caregiver/ guardian.
7. The Centre's staff need to be available for booked times, and therefore subject to clause 7 below, all booked times are payable in full, irrespective of whether the time is used or not.
8. The Centre Manager requires one week's notice for any changes to booked times, either permanent or temporary. Failure to provide one week's notice will result in the booked time being charged and payable in full.
9. If my child is not collected by the Centre's closing time, I will be charged a late fee of \$20.00 for every additional 15 minutes or part thereof. The centre is **not** licensed to care for my child outside of licensed operating hours.
10. All discounts, including holiday, sibling, and staff discounts are only applicable if my fee payments are up-to-date and have not fallen into arrears.
11. A family discount of 10% will be applied to the eldest sibling's account provided I am at all times in compliance with the terms of this agreement.
12. A 50% holiday discount (pro-rata) is available for a period of up to 4 weeks per calendar year, taken in week blocks, providing the Centre Manager has been given 10 working days' notice, and all fees due are paid up to date. Unused holiday entitlement does not roll over.
13. The Centre is a provider of 20 Hours Early Childhood Education ("20 Hours ECE"). 20 Hours ECE is available for up to six hours per day for a maximum of 20 hours per week. As the Centre is open for more than 6 hours per day, fees will be charged for the days and hours in my booking not covered by the 20 Hours ECE. *Eligibility for 20 Hours ECE begins on a child's third birthday and ends on the child's sixth birthday.*
14. The Centre reserves the right to change the fee rates and policies irrespective of previously published or quoted prices. The new rates and policies will apply to my account from the notified date.
15. Enrolments are effective up until my child's fifth birthday. If I wish to extend the enrolment (for reasons such as cohort school entry) I will email this request and discuss availability with the Centre Manager at least three months prior to this date. *The extension of an enrolment is not guaranteed.*
16. These terms and conditions could be subject to change; notice of any changes will be communicated to me through the regular newsletter and notice channels.
17. Due to the regulations set by the Ministry of Education the centre cannot claim funding once my child has been absent from the centre for 3 or more consecutive weeks or has a pattern attendance varying from their booking for more than 3 months in a row. If this happens, I will be charged at our non-funded rates or be charged a holding fee to keep my child's place until they reattend in accordance with their booking.
18. I understand and accept that irrespective of any arrangement with any third party (e.g.: other adult, WINZ, ACC, trust, or budget service etc.) the full responsibility to pay all fees rests with me, the parent/ caregiver/ guardian.
19. Once my child has left and started school, they are not eligible to return to the centre for any care. *This is a Ministry of Education rule.*

By signing below, I confirm my agreement to all these terms.

Parent/Guardian Name: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____

(To be signed by
both
parents/guardians
where possible)

Parent/Guardian Name: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____