

# Enrolment Form

◆ Child's details:					
Child's <b>official surname</b> or <b>family name</b> :					
Child's <b>official given name</b> :					
Child's <b>official other names / middle names</b> :					
<b>Name your child is known by / preferred name:</b>					
Surname / family name:			Given name:		
Copy of official identity verification document collected by staff:					
<input type="checkbox"/> New Zealand birth certificate		<input type="checkbox"/> Foreign birth certificate		<input type="checkbox"/> New Zealand passport	
<input type="checkbox"/> New Zealand passport		<input type="checkbox"/> Foreign passport		<input type="checkbox"/> Other _____	
					<b>Staff initials:</b> _____
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:
Hours of Attendance		<b>Settling Date:</b>		<b>Start Date:</b>	
Days	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					
Parents / Guardians:					
<b>1. Given names:</b>			<b>2. Given names:</b>		
<b>Surname / family name:</b>			<b>Surname / family name:</b>		
Address:			Address:		
Post Code:			Post Code:		
Phone (Home):			Phone (Home):		
Phone (Work):			Phone (Work):		
Phone (Mobile):			Phone (Mobile):		
Email:			Email:		
Date of Birth (year optional):			Date of Birth (year optional):		

Please tick if you have a **Custody Order** and please supply the centre with a copy.  
Does the **law** forbid any person to collect your child, or have access to your child at the centre? (Yes/No). **Please give details.**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Description of appearance \_\_\_\_\_

**People authorised to collect the child** (other than parents or custodial guardians)

Please be aware that the centre will contact these people if they are unable to reach the parents/ guardians in times of illness, accident, and other emergencies. They may also be contacted if you leave the centre with an outstanding debt.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Other) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Other) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Other) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Other) \_\_\_\_\_

**YOUR CHILD WILL NOT BE PERMITTED TO LEAVE THE CENTRE WITH ANY PERSON OTHER THAN THE ABOVE WITHOUT PRIOR WRITTEN PERMISSION BY A PARENT OR GUARDIAN.**

**Health details**

Family Doctor/Health Professional \_\_\_\_\_ Phone number \_\_\_\_\_

Surgery address \_\_\_\_\_

Allergies or physical disabilities \_\_\_\_\_

Severity of condition and emergency action to be taken \_\_\_\_\_

Any medications that your child needs to take \_\_\_\_\_

Any particular likes or dislikes \_\_\_\_\_

Any other special needs? \_\_\_\_\_

Is your child's immunisation up to date? Yes  No  (tick one) **Please supply an immunisation certificate signed by your doctor or nurse.**

Has your child had the following infectious diseases? (Tick as appropriate)

English Measles  German Measles  Chicken Pox  Mumps

**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 Childhood Concepts and kept in the first aid cabinet.

Do you approve category (i) medicines to be used on your child? *Tick One* Yes  No

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

▪ Arnica Cream	Yes <input type="checkbox"/>	▪ Insect Bite Treatment	Yes <input type="checkbox"/>
▪ Antiseptic Liquid	Yes <input type="checkbox"/>	▪ Nappy Cream (Provided by parent)	Yes <input type="checkbox"/>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Notes**  
 Previous early childhood care and education \_\_\_\_\_  
 Names of siblings \_\_\_\_\_  
 Where did you hear about Childhood Concepts? \_\_\_\_\_

**Declarations**  
**Please note:** While every care is taken for the well being of each child, we must ask you to accept that we cannot be held responsible for unforeseen accidents or circumstances beyond our control.

If you give consent for your child to be taken on spontaneous outings (walks) by teachers, please sign \_\_\_\_\_

(The teacher child ratio for excursions is 1:2 for under twos, 1:3 for two to three year olds and no more than the usual centre ratio for over three year olds. The centre will seek separate permission for any planned outings).

If you give consent for photos/videos to be taken of your child and used for programme planning, profiles, professional development and on occasion, the photos may be displayed in the centre, please sign \_\_\_\_\_

If you give consent for teachers to observe your child for professional development, which will remain confidential to the teachers and parents/guardians of that child, please sign \_\_\_\_\_

On occasion other children's families may take photos/videos of special events such as their child's birthday celebrated in the centre. Your child may be involved in these events. If you consent to your child appearing in photos or videos taken by other children's family members, please sign \_\_\_\_\_

To abide by our sun smart policy, children will have sunscreen applied according to the product directions on a regular basis during summer months while attending the centre. If you give permission for your child to have sunscreen applied by the centre teachers/staff, please sign \_\_\_\_\_

**I have read the accompanying information and conditions and accept them.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
 Centre Manager or Director signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILDHOOD CONCEPTS RULES AND PRACTICE**

Child's Name \_\_\_\_\_

Childhood Concepts Early Learning Centre LTD 3

Please read this section carefully. We wish to avoid any communication problems and hope that you will discuss any concerns that you may have with us. We regard this agreement as very important as it concerns the care of your child and our relationship with you.

Fees are paid by automatic payment one week in advance, unless otherwise arranged with the Centre Manager/Director. At this time they are as follows:-

\_\_\_\_\_ Week \_\_\_\_\_ Day \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon  
\_\_\_\_\_ Late fee (after licensed hours) per half hour or part thereafter.

Fees are reviewed on a six-monthly basis. Any increase in fees is made with two weeks notice. Fees must be kept current. Overdue fees will result in penalty interest charged on arrears at 10% each week. Any costs incurred through debt collection procedures will be the parent/guardians responsibility.

Two week's notice in writing must be given on leaving; if this is not possible two week's fees in lieu will be charged.

The centre is closed on all statutory holidays and weekends. The centre closes early on Christmas Eve and observes shorter hours during the week after Christmas and New Year. Parents will be informed well in advance if the centre will be closed at any other time (unless in a Civil Defence emergency and time does not allow). There is no reduction for statutory holidays or refund for days your child is absent, as teachers are paid for statutory holidays and staffing levels are based on the number of children enrolled. If the centre is forced to close due to extreme emergency conditions, fees are still payable. Fees are payable 52 weeks of the year.

You will be required to confirm your child's attendance at the centre by signing the attendance register on a regular basis. Please inform the centre if your child is away for any reason. If a child is absent from the centre for more than a week without advising the centre, the position may be taken by another child. If you need to change your child's booking, one weeks notice must be given and you will need to complete an 'amended booking' form. Please ensure you notify us on changing your address or any contact details.

It is important to ensure that your child is under teachers' supervision before being left in the centre. We cannot take responsibility for children "dropped off" at the gate. Likewise, a child must not be taken from the centre without the knowledge of a teacher.

Each child should have several changes of clothing available to them and an ample supply of nappies if they are not completely toilet trained. During the winter months please provide your child with suitable footwear for outdoor play (slippers optional for indoors). Please name all clothing and footwear.

As personal toys are easily lost, mislaid or damaged, we discourage them from being brought into the centre. We cannot assume responsibility for their replacement. However we welcome such things as books and CDs, that can directly be given to teachers and easily shared with all the children. We also welcome comfort toys for sleep times and when your child is settling in at the centre. Please do not allow your child to bring food into the centre unless this is their breakfast.

A copy of our Policies and Procedures folder is in the parent library. It is your responsibility to become familiar with this. Please ask if you cannot locate the folder. Parents will be consulted when reviewing policies and procedures.

If you require us to administer any medication, it must be handed to a teacher and the prescribed dosage entered and signed in the medicine book. No medicines, creams or lotions should be left in children's bags for obvious safety reasons. All medication must be taken home at the end of each day. If your child requires ongoing medication, you will be asked to give written authorisation (we have a form you can complete), please ask for one. All medication must be in the original labelled containers with the doctor's or dispenser's original instructions attached. We are not permitted to administer medication to your child from a container that is labelled with another name and was obviously prescribed for another person.

In preparedness for a Civil Defence Emergency, each child is required to supply (on starting at centre) a named resealable storage bag of non-perishable food items (sufficient to last 48 hours) and a bottle of water. These will be changed annually.

Under governing regulations we are not allowed to care for ill children due to the risk of infection. Your child should not attend the centre if they have an infectious condition, is unwell or if any of the following symptoms are apparent:

A high temperature	Thrush	Conjunctivitis	Vomiting	Diarrhoea	Rash/Spots
Impetigo (school sores)	Worms	Inflamed Eyes or Throat		Head Lice	

If your child becomes ill while in our care, you will be notified and the child will be discreetly isolated from the other children until collected. We do not contact parents unless we are genuinely concerned for the child's welfare and that of the other children. Please respect the other children and staff in the centre by collecting your child within the hour from when you are

contacted. If your child is absent with any of the above, they must be kept away from the centre until the symptoms have been absent for at least 48 hours. On occasion you may be asked to produce a doctor's certificate confirming your child is no longer infectious to others. A doctor's certificate does not over ride our policies and procedures.

These conditions are in line with the Ministry of Health Guidelines for Early Childhood Services.

I have read this agreement of Childhood Concepts Early Learning Centre LTD and accept the conditions stated.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Centre Manager/Director \_\_\_\_\_ Date \_\_\_\_\_

**◆ 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](http://www.minedu.govt.nz/parents)

**◆ Statutory Holidays / Term Breaks**

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

Childhood Concepts ELC is **not open** on the following public holidays if they fall on a weekday.

New Year's Day		Easter Monday		Christmas Day		
Day after New Year's Day		ANZAC Day		Boxing Day		
Waitangi Day		Queen's Birthday		Local Anniversary Day		
Good Friday		Labour Day				

**Face Book**

I consent/do not consent (circle one) to

photos  videos

of my child to be used on Childhood Concepts' Facebook page

**◆ 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 [insert name of service].

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR CHILDREN THREE YEARS AND OVER**

**◆ 20 HOURS ECE ATTESTATION:**

Name of Child: _____		Effective Date: ____/____/____		Date of Exit: ____/____/____	
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there will be <b>no</b> compulsory fees when a child is receiving 20 Hours ECE funding.					
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled:					Total number of hours:
<b>For 20 Hours ECE fill out boxes below with hours attested e.g. 6 hours</b>					
20 Hours ECE at this service					Total number of hours:
20 Hours ECE at another service					Total number of hours:
Parent/Guardian Signature: _____		Date: ____/____/____			

<b>◆ 20 Hours ECE Attestation:</b>	
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"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ You consent to Childhood Concepts 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.</li> </ul>	
Parent/Guardian Signature: _____ Date: ____/____/____	

**◆ 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 Childhood Concepts Early Learning Centre Ltd, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**This original copy is kept confidential in the centre.  
The original copy is not to be altered.  
Additional or updated information is to be attached.**

**For office use only:**

Holding fee paid:

Date:

Date of first payment:

Child's APT No:

Number of security gate cards issued:

Bond paid (for card/s) and date:

Card number/s:

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE complete the boxes below</b>						
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
<b>For 20 Hours ECE complete the boxes below</b>						
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
<b>For 20 Hours ECE complete the boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____			Date: ____ / ____ / ____			