

Enrolment Form

Child's 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:						
Copy of official identity verification doc	ument collected by	staff:						
New Zealand birth certificate		Foreign birth cer	tificate					
New Zealand passport		Foreign passpor	t					
□ Other			Staff in	itials:	· · · · · · · · · · · · · · · · · · ·			
Child's date of birth: d d / m m	I уууу		Male	Female				
Child's ethnic origin/s:	lwi your child belo	ongs to:	Language/s s	poken at home:				
			· · · · · · · · · · · · · · · ·					
Child's primary residential address:								
			Post Cod	e:				
Hours of Attendance	Settling Da	te:	Start Dat	e:				
Days Monday	<u> Tuesday</u>	Wednesday	Thursday	Frida				
Hours								
Parents / Guardians:	-	-						
1. Given names:		2. Given names:						
Surname / family name:	Surname / family name:							
Address:	Address:							
Post	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_____

Please be aware that t	he centre will contact these peopl	(other than parents or custodial guardia e if they are unable to reach the parents/ guardia tacted if you leave the centre with an outstandin	ans in times of illness,
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)
		O LEAVE THE CENTRE WITH ANY PER TTEN PERMISSION BY A PARENT OR G	

Health details

Family Doctor/Health Professional		_Phone nur	nber		
Surgery address					· · · · · · · · · · · · · · · · · · ·
Allergies or physical disabilities					
Severity of condition and emergency action to be taken	n				
Any medications that your child needs to take					
Any particular likes or dislikes					
Any other special needs					
Any special dietary requirements					
Is your child's immunisation up to date? Yes \Box No your doctor or nurse. Has your child had the following infectious diseases?			mmunisation certif	ficate signe	d by
has your child had the following infectious diseases?	(The as appropriate))			
English Measles		nicken Pox		Mumps	

Medicine				
Category (i) Medicines				
A category (i) medicine is a non-prescription preparation treatment) that is not ingested, used for the 'first aid' trea Concepts and kept in the first aid cabinet.				
Do you approve category (i) medicines to be used on yo	our child? Tick One Yes	No		
Name/s of specific category (i) medicines that can be us	ed on my child, provided by Childhood	Concepts:		
 Arnica Cream Yes 	 Insect Bite Treatment 	Yes 🛛		
 Antiseptic Liquid Yes 	 Nappy Cream (Provided by parent) Yes 			
Parent/Guardian Signature:	///			
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

Centre Manager or Director signature

Date

Date

CHILDHOOD CONCEPTS TERMS AND CONDITIONS

Child's Name

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/guardian's 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 week's 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.

Enrolments are effective up until the week of your child's 5th birthday. If you wish to extend the enrolment, please discuss availability with the centre manager at least 3 months prior to this date. The extension of enrolments is not guaranteed.

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 <u>all</u> 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.

Our Terms and Conditions may be subject to change; notice of any changes will be communicated through newsletters.

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: eli.education.govt.nz

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.

Easter Monday	New Year's Day
ANZAC Day	Day after New Year's Day
Queen's Birthday	Waitangi Day
Labour Day	Good Friday
	Queen's Birthday

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 Childhood Concepts.

Parent/Guardian Signature:

Date:	/	/

FOR CHILDREN THREE YEARS AND OVER

♦ 20 HOURS E	CE ATTESTATIO	N:				
Name of Child:		Effective D	Date:/	/ Da	ate of Exit:	//
	0 Hours ECE is for s when a child is re				week and the	re will be no
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled	:					Total number of hours:
For 20 Hours	ECE fill out boxes	below with ho	ours attested e.	g. 6 hours		
20 Hours ECE this service	at					Total number of hours:
20 Hours ECE another service						Total number of hours:
Parent/Guardia	n Signature:			Date: _	//	_
	E Attestation:					
				0.0		
1. Is your chil	d receiving 20 Hou	rs ECE for up to	o six nours per o			
				11	ck One Yes	No
2. Is your chil	d receiving 20 Hou	rs ECE at any c	other services?	Ti	ck One Yes	No
If yes to either	or both of the above	e, please sign t	o confirm that:			
 Your cl 	nild does not receiv	e more than 20	hours of 20 Ho	urs ECE per w	eek 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 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. 						
Parent/Guardian Signature: Date://						
Optional Char	ge (For children 3	years and old	er attending se	essions only)		
1. The option	al charge is for ECE	E sessions only	: Lunch (home	cooked) \$6 per	day.	
2. I understar	d that if I agree to	pay for the option	onal charge, Ch	ildhood Conce	ots may enforce	e payment.
3. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.						
	not agree (<mark>select</mark> agreement form.	one) to pay the	e optional charge	e for the activiti	es/items specil	fied in this
Parent/Guardia	n Signature:			Date:	<u> </u>	_

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 Lear relevant sections have been completed.	rning Centre Ltd, I declare that this form has been checked and all			
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
For 20 Hours ECE of	omplete the l	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 complete the 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 complete the boxes below									
20 Hours ECE at this service									
20 Hours ECE at another service									
Parent/Guardian Signature: Date: /									