



Enrolment Agreement Form

TWIZEL EARLY LEARNING CENTRE

Enrolment Information, 20 Hours ECE Enrolment Hours and Attestation Form Updated Oct 2018

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: www.eli.education.govt.nz

* Information about acceptable identity verification documents is available online at
www.eli.education.govt.nz

Non Profit Community based ECE provider

Under 2's & Over 2's

P 03 4350640 / M 02108414489 / E admin@twizelearlylearning.org.nz



Terms and Conditions of Enrolment:

I acknowledge that I have read and understood the following:

- I understand that my child must attend the booked hours I have specified and that I must alter my booked hours to match attendance should they vary.
- I agree to pay fees on the basis of the Fee Schedule current at the time of enrolment, and in accordance with the fee payment practice of the centre.
- I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published fee rates and policies. The centre reserves the right to change the fee rates and policies, and irrespective of previously published or quoted rates; the new rates and policies will apply from the notified date.
- I understand and accept that irrespective of any third party (eg other adult, WINZ, ACC, MoE, Trusts or budget services, etc) to pay fees, the full responsibility for payment rests with me.
- I understand that if any fee or charge remains unpaid, beyond the provisions of the Fee Payment Policy, my child's enrolment may be suspended or terminated and the debt passed to a Debt Collection Agency for collection. I accept responsibility for any collection costs in this process.
- I agree to collect my child within the given opening hours of the centre and that if I do not do so I will be charged a penalty. A late fee penalty of \$10 per ¼ hours will apply after a buffer of 5 minutes.
- I understand that I must give two weeks advance notice in writing before withdrawing my child from the centre, or before changing any booked days/hours.
- I will not bring my child to the centre should he/she be sick or have any infectious illness, as set out in the Centres Health and Safety for Children Policy.
- I agree to collect, or arrange for someone to collect my child once informed that they are unwell.
- I agree to notify the centre as soon as possible if my child is going to be absent.
- I will inform the centre if anyone other than me, or someone already designated by me, is to collect my child, and I understand that he/she must remain at the centre until that permission has been received.
- I give permission for the centre to seek medical or specialist advice if considered necessary for my child's well-being.
- I give permission for an ambulance to be called for my child in the case of an emergency. I will pay all reasonable expenses incurred in this situation e.g. doctor charges, ambulance charges, etc.
- I give permission for my child to be taken to an alternative location in the event of an emergency.
- Our policy is to remove all necklaces and amber beads before children sleep. However, we respect for some families it would be culturally inappropriate for us to remove their child's pounamu/necklace. Please let our Centre Manager know if you wish for your child's pounamu/necklace to stay on while they sleep.

Parent/Guardian Signature: _____ **Date:** _____



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:
Person responsible for account:	
Name:	
Email Address:	
Phone (Home):	
Phone (Work):	
Phone (Mobile):	
Weekly account emailed or printed for collection? (please circle)	
Emergency Contacts (to be contacted in an emergency when parents/guardians can't be reached:	
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):
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 <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

**Additional Person/s who can pick up your 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):
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):
Relationship to child:	Relationship to child:

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"/>



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? *Tick One* Yes No

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

Insect Bite Treatment Antiseptic Liquid
Arnica 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.

I will keep my child at home for the first 24 hours after starting any prescribed antibiotics.

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: *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: ____/____/____



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: ___/___/___

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?

Tick One Yes No

2. Is your child receiving 20 Hours ECE at any other services?

Tick One Yes No

If yes to either or both 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: ___/___/___

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 Twizel Early Learning Centre.

Parent/Guardian Signature: _____ Date: ___/___/___



Optional Charges:

1. The optional charge is for:

- Lunches \$5 per day

2. I understand that if I agree to pay for the optional charge, Twizel Early Learning Centre may enforce payment. The charge will be added to the weekly invoice.

3. The agreement to pay the optional charge will last until my child's birthday. On that date if I wish to continue with the optional charge I will sign the necessary form. I understand there is no obligation for me to do so.

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

- I agree to give 2 weeks notice of any changes.

5. I understand that the 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 \$5 as specified in this enrolment agreement form.

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

Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks.

Twizel Early Learning Centre is NOT open on the following holidays if they fall on a weekday or during Christmas/New Year Closure.

Twizel Early Learning Centre is closed over Christmas and New Year for our annual shutdown. There will be no charge during this period.

New Year's Day	<input checked="" type="checkbox"/>	Easter Monday	<input checked="" type="checkbox"/>	Christmas Day	<input checked="" type="checkbox"/>
Day after New Year's Day	<input checked="" type="checkbox"/>	ANZAC Day	<input checked="" type="checkbox"/>	Boxing Day	<input checked="" type="checkbox"/>
Waitangi Day	<input checked="" type="checkbox"/>	Queen's Birthday	<input checked="" type="checkbox"/>	Local Anniversary Day	<input checked="" type="checkbox"/>
Good Friday	<input checked="" type="checkbox"/>	Labour Day	<input checked="" type="checkbox"/>		



EDUCA Permission

Twizel Early Learning Centre uses an online portfolio service which allows stories written about your child's learning to be accessed on line as soon as they are created. Within EDUCA there is a notice board which all families within the closed group can see.

I agree for photos of my child to be posted on EDUCA's notice board

I do not agree for photos of my child to be posted on EDUCA's notice board

Parent/Guardian Signature:

Date:

Permissions

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

Photo/video:

I give permission for my child to be photographed by Centre staff, and students under supervision, for the purposes of assessment, planning and evaluation.

Yes No

I give permission for photos of my child to be used in the following forms of print and online media:

Be included in photos on our website

Yes No

Be included in photos on our Facebook page

Yes No

Be included in photos for the Twizel Update

Yes No

Excursions:

Attend short walks within the vicinity of the Centre, with an adult to child ratio of: Yes No

One adult to 2 children (Children under 2)

One adult to 6 children (Children over 2)

General Permissions:

Have their vision/hearing tested when specialists visit

Yes No

Be taken to the Medical Centre in case of emergency (parents to reimburse any cost)

Yes No

Have sunblock applied by Twizel Early Learning Centre staff

Yes No

Transitional School Visits

1. Date of Transition Arrangement (to be completed when appropriate)

Parent/Guardian Signature:

Date:



Additional Information

- **Policy Statement:** Twizel Early 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.
- **Enrolment Handbook:** Please ensure you have read the information in the Enrolment 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.

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 Twizel Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

Office Use Only

Checklist:

Parent/Guardian given copy of Enrolment Handbook	<input type="checkbox"/>	_____
Immunisation record sighted and copy kept on file	<input type="checkbox"/>	_____
Identification documents sighted and copy kept on file	<input type="checkbox"/>	_____
Individual health plan (when necessary)	<input type="checkbox"/>	_____
Parent/Guardian email address added to TELC families	<input type="checkbox"/>	_____
Family Parent Pocket	<input type="checkbox"/>	_____