

Creative Garden Early Learning Centre

166 Old Wairoa Road,

Papakura

Ph 09 2968166

Email: papakura@creativegarden.nz

Enrolment Agreement Form

To be Completed By Parent(s) or Guardian (s)

Please complete all the sections and read the Terms & Conditions

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:
name:

Given

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: d d / m m / y y y y

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

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

Any changes to this form must be signed and dated by the parent/guardian

Parents / Guardians Details:	
Title: Mrs Miss Mr Ms (Please circle)	Title: Mrs Miss Mr Ms (Please circle)
First Names:	First Names:
Surname	Surname
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Occupation:	Occupation:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Title: Mrs Miss Mr Ms (Please circle)	Title: Mrs Miss Mr Ms (Please circle)
First Names:	First Names:
Surname	Surname
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Occupation:	Occupation:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Emergency Contacts: (authorised to uplift child from Creative Garden)	
Title: Mrs Miss Mr Ms (Please circle)	Title: Mrs Miss Mr Ms (Please circle)
First Names:	First Names:
Surname	Surname
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

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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:

Medical Information:	
Name of Doctor:	Phone:
Name of medical centre:	

Health	
Does your child have any illness or allergies?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Does your child have any dietary requirement?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
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 <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 cream ▪ Stingose 	<ul style="list-style-type: none"> ▪ Plasters ▪ Antiseptic cream
<ul style="list-style-type: none"> ▪ Sunscreen 	<ul style="list-style-type: none"> ▪ Sudo cream

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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:

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	Total hours:
Times Enrolled:						

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: ____ / ____ / ____

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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 Creative Garden Early Learning Centre.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Statutory Holidays / Term Breaks

- This enrolment agreement is **inclusive** of school term breaks, Creative Garden Early Learning Centre is open throughout school holidays
- Creative Garden Early Learning Centre is **not open** on statutory holidays, in accordance with our terms of trade regular fees apply

General:

- **Policy Statement:** Creative Garden 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 reviews.
- **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.

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- **Fee Schedule and Terms & Conditions:** Please ensure you have read the Fees Schedules and Terms & Conditions before signing this form. Feel free to ask about 20 free ECE hours or WINZ subsidies that may be available for your child/ren. By signing this enrolment form, I agree to terms trade of Creative Garden and understand that any cost incurred in the recovery of overdue fees will payable by me.
- **Privacy Statement:** All personal information about your child is kept securely and remains confidential. Please read our full Privacy Policy available with all other policies at the centre.

Additional Information:

I give permission for my child to participate in spontaneous short supervised walks in the vicinity of the Centre with the following ratios; 1 adult to 8 over twos, 1:3 under twos and 1:1 around water. **(No teacher will be on their own with children, there will always be 2 teachers present)**

Yes / No (Circle one)

I give permission for my phone numbers, emergency contact persons and their phone numbers to be added to the Centre's mobile phone contact list. Yes /

No (Circle one)

I give permission for my child to be photographed, observed, evaluated and photos displayed at the centre. I also agree to records about my child (as per Ministry requirements) being kept. Yes / No (Circle one)

I hereby authorise the staff of Creative Garden Early Learning Centre to seek such medical advice, including local doctors and public health nurses, for my child in the event of illness or accident, as the supervisor may think necessary for the best welfare of my child. If necessary, my child can be taken to the medical centre in an emergency (please note that if no is selected, an ambulance may be called instead)

Yes / No (Circle one)

I give permission for my child to be involved in food activities whilst he/she is attending the centre.

Yes / No (Circle one)

I give permission for my child to have vision and hearing tests done at the Centre by the District Health Board Vision and Hearing Technician.

Yes / No (Circle one)

I give permission for my child's birth date to be displayed on our birthday list. Yes / No (Circle one)

I give permission for Creative Garden Early Learning Centre to share or post photos/videos/first name of my child on our closed group Facebook page. Yes / No

(Circle one)

I give permission for Creative Garden Early Learning Centre to use photos of my child for centre newsletters and centre notices. Yes /

No (Circle one)

I give permission for staff to apply sunblock to my child Yes / No (Circle one)

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I give permission for staff at Creative Garden to check my child's hair for headlice if there is an outbreak

one)

Yes / No (Circle

I give permission for my child to have their learning stories published on Story park. This will include using photos of my child for planning purposes.

(Circle one)

Yes / No

I give permission for my child to appear in group stories (accessible by the parents of the other children in the group story.)

Yes / No (Circle one)

I give permission to use photos of my child in newspaper articles about the centre. Yes / No (Circle one)

Who can we thank for recommending us to you, or how did you hear about us?



Parent Declaration

I agree to pay the fee on the basis of the current 'Creative Garden Fees' and agree to pay my child's fees at least one week in advance. I understand that my child's place may be forfeited if the fees are not kept up to date. Failure to pay fees within an adequate time frame will result in the account being forwarded to our debt collection agency.

I agree to abide by the Centre policies and rules as outlined in the "Parents Handbook" of which I have been given a copy.

I hereby understand that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to another child.

I understand that I must hand all medication to staff on admission and sign the medication book.

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

Service Provider Signature: _____

Date: ____ / ____ / ____

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OFFICE USE ONLY

- Parent Handbook
- Enrolment Form

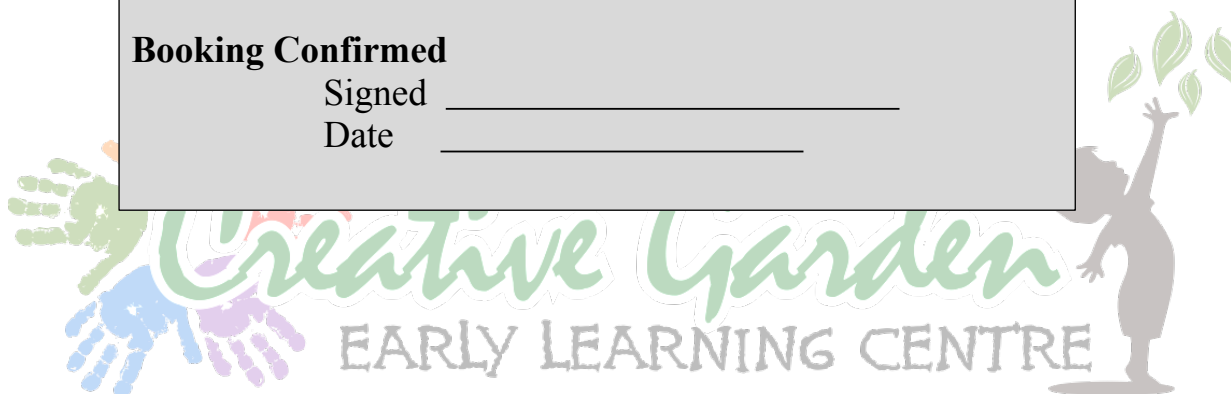
Have all the sections been completed and signed?

- Is the 20 hours attestation complete?
- Has the daily food charge been explained?
- Fees Structure and payment of fees explained
- Immunisation information sighted and copied
- Individual Health Plan complete (if required)
- Identification document sighted and copied (Passport/ birth certificate)
- Information on local short walks
- Any court orders
- WINZ subsidy Application for those eligible
- Door entrance code
- Wet bag issued

Booking Confirmed

Signed _____

Date _____



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