

First Years Learning Centre Ltd

Enrolment Agreement Form

Tamaiti / Childs Name:

Office Use:

Ra / Date received:

Ra / Date Enrolled:

Ra / Date Exited:

Notes to Parents / Guardians

- When a change to any details in this form occurs you are required to fill in an amendment form to keep attached to this enrolment form as a true and correct update. This is to ensure we always have a true and correct enrolment form.
- Any changes to booked hours on this enrolment form need to be approved by the Centre Manager and an amendment form signed and dated.
- Please note the person who signs this enrolment form is the person who we contact in the event the childcare bill is in arrears.
- If at any time you need help in filling this form out please ask. We are only to happy to help out in any way.

Once a vacancy is available to you, you will be informed either by email or a phone call. Once this is accepted you will be sent out the second part of our enrolment pack which has various information and forms we need once enrolled. Please note your child is not automatically enrolled until confirmation from management accompanied by a letter.

Check List:

Mātua / Parent / Guardian Tick

Manager Tick

Most importantly check these areas are filled in correctly:

- 1) Enrolment details section
- 2) 20 Hours if applicable Section
- 3) Optional Charges if applicable Section
- 4) Dual declaration Section
- 5) Parent declaration Section
- 6) Service declaration Section
- 7) Birth Certificate Current Supplied
- 8) Immunisation Certificate Supplied
- 9) Consent section

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



Tamaiti / Child's details:

Tamaiti / Child's **official surname** or **family name**:

Tamaiti / Child's **official given name**:

Tamaiti / Child's **official other names / middle names**:
(please separate names with a comma):

Name your tamaiti / child is known by / preferred name:

Surname / family name:

Given name:

Copy of official identity verification document* collected by manager:

Aotearoa / New Zealand birth certificate

Foreign birth certificate

Aotearoa / New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Tamaiti / Child's date of birth: d d / m m / y y y y

Tāne /
Male

Wahine
/ Female

Tamaiti / Child's ethnic origin/s:

Iwi your tamaiti / child belongs to:

Reo / Language/s spoken at home:

Tamaiti / Child's primary residential address:

Post Code:

Tūmataiti / 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

* Information about acceptable identity verification documents is available online 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.



<i>Mātua / Parents / Guardians:</i>	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Tau waea/Phone (Home):	Tau waea/Phone (Home):
Tau waea/Phone (Work):	Tau waea/Phone (Work):
Tau waea/Phone (Mobile):	Tau waea/Phone (Mobile):
Email:	Email:
Relationship to tamaiti / child:	Relationship to tamaiti / child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Tau waea/Phone (Home):	Tau waea/Phone (Home):
Tau waea/Phone (Work):	Tau waea/Phone (Work):
Tau waea/Phone (Mobile):	Tau waea/Phone (Mobile):
Email:	Email:
Relationship to tamaiti / child:	Relationship to tamaiti / child:

<i>Emergency Contact (please provide at least two)</i>	
<i>They will also become your authorised to pick up.</i>	
Given names:	Given names:
Relationship to tamaiti / child:	Relationship to tamaiti / child:
Tau waea/Phone (Mobile):	Tau waea/Phone (Mobile):
Tau waea/Phone (Home):	Tau waea/Phone (Home):
Tau waea/Phone (Work):	Tau waea/Phone (Work):
Given names:	Given names:
Relationship to tamaiti / child:	Relationship to tamaiti / child:
Tau waea/Phone (Mobile):	Tau waea/Phone (Mobile):
Tau waea/Phone (Home):	Tau waea/Phone (Home):
Tau waea/Phone (Work):	Tau waea/Phone (Work):

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



Tiaki / Custodial Statement

Are there any custodial arrangements concerning your tamaiti / child?

If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)

Mātua / Parent / Guardian Signature: _____ Ra / Date: _____

Person/s who cannot pick up your tamaiti / child:

Name: Relationship to tamaiti / child: Description:	Photo: (this will help us know who the person is)
Name: Relationship to tamaiti / child: Description:	Photos: (this will help us know who the person is)

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



<i>Authorised to Pick up (other than people on emergency contact section)</i>	
1. Given names:	2. Given names:
Relationship to tamaiti / child:	Relationship to tamaiti / child:
Tau waea/Phone (Home):	Tau waea/Phone (Home):
Tau waea/Phone (Work):	Tau waea/Phone (Work):
Tau waea/Phone (Mobile):	Tau waea/Phone (Mobile):
3. Given names:	4. Given names:
Relationship to child:	Relationship to child:
Tau waea/Phone (Home):	Tau waea/Phone (Home):
Tau waea/Phone (Work):	Tau waea/Phone (Work):
Tau waea/Phone (Mobile):	Tau waea/Phone (Mobile):

<i>Tamaiti tākuta - Child's doctor:</i>	
Ingoa / Name:	Tau waea / Phone:
Name of medical centre:	

<i>Hauora / Health</i>	
Illness/allergies:	
Is your tamaiti / child up-to-date with immunisations?	<i>Tick One</i> ā / Yes <input type="checkbox"/> Kāo / No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> ā / Yes <input type="checkbox"/> Kāo / No <input type="checkbox"/>

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



Rongoā / 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.	
Do you approve category (i) medicines to be used on your child?	Tick One ā / Yes <input type="checkbox"/> Kāo / No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service :	
▪ Arnica Cream	▪ Antiseptic Cream (Savlon or Dettol)
▪ Dettol Liquid	▪
Mātua / Parent / Guardian Signature: _____ Ra / 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.	
Mātua / Parent / Guardian Signature: _____	Ra / 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: ā / Yes <input type="checkbox"/> Kāo / No <input type="checkbox"/>
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (State time or specific symptoms)	
Mātua / Parent / Guardian Signature: _____	Ra / Date: ____ / ____ / ____

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



Enrolment Details:						
When would you like to start at First Years: _____						
This box staff use only						
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. Parents to fill out box's below:						
Ra / Days Enrolled:	Rāhina Monday	Rātū Tuesday	Pāapa Wednesday	Rāpare Thursday	Rāmere Friday	
Tāima / 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:
Mātua / Parent / Guardian Signature: _____ Ra / 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?	<i>Tick One</i>	ā / Yes <input type="checkbox"/> Kāo/ No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services? <i>One</i>	<i>Tick</i>	ā / Yes <input type="checkbox"/> Kāo/ No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:		
<ul style="list-style-type: none"> ▪ 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. 		
Mātua / Parent / Guardian Signature: _____ Ra / Date: ___/___/___		

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



Dual Enrolment Declaration

I hereby declare that my tamaiti / child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at First Years Learning Centre.

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

Optional Charges:

1. The optional charge is for clients receiving 20 hours.
 - Food – ½ day \$5
 - Food – Full day \$7
2. I understand that if I agree to pay for the optional charge, First Years Learning Centre may enforce payment.
3. The agreement to pay the optional charge will last for: duration of enrolment unless otherwise notified.
4. The rules about making changes to the agreement are:
 - Notification by news letter
 - 14 days notice of change
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 for the activities/items specified in this enrolment agreement form.

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

Rā whakatā ā-ture / Statutory Holidays / Term brakes

This enrolment agreement is inclusive of school term breaks – we are open school holidays.

First Years Learning Centre is **not** open on the following public holidays if they fall on a weekday.

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"/>		

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

Whakaae / Permission:

- **Excursions:** Permission for the child to take part in regular excursions ratio:1 Teacher to 5 Children

I give permission for my child to take part in regular excursions under the conditions stated in the excursion policy and risk assessment:

Tick one: ā / Yes Kāo/ No Signature: _____ Ra / Date: _____

I have read and understand the risk assessment and signed the form (appendix 1)

Tick one: ā / Yes Kāo/ No Signature: _____ Ra / Date: _____

- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation

Do you give permission for your child to be photographed / videoed for the purpose of assessment, planning and evaluation? Photos and videos are only used for the centre programme planning to document children's learning. These will be used to create learning stories for your child and be used as evidence in the programme planning of activities and learning being offered to children.

Tick one: ā / Yes Kāo/ No Signature: _____ Ra / Date: _____

We have a Facebook page and will use this as a tool for marketing and information sharing with parents. Do you give permission for your child to appear on First Years Learning Centre Facebook page?

Tick one: ā / Yes Kāo/ No Signature: _____ Ra / Date: _____

Our newsletters will consist of photos to illustrate what we have been up to and a way of sharing information with parents. Do you give permission for your child to be in the newsletter? This will also appear on our website and Facebook page:

Tick one: ā / Yes Kāo/ No Signature: _____ Ra / Date: _____

We have a website we use for marketing and information sharing. Do you give permission for your child to appear on our website:

Tick one: ā / Yes Kāo/No Signature: _____ Ra / Date: _____

- **Hearing and Vision**

Each school term we will get a visit from the Hearing and Vision team. They will come and check your child's hearing and vision. Do you give permission for your child to be checked?

Tick one: ā / Yes Kāo/ No Signature: _____ Ra / Date: _____

- **Oral Health**

At some point while your child attends First Years Learning Centre we will have the Oral Health Team visit and they will check your child's teeth. Do you give permission for your child to be checked?

Tick one: ā / Yes Kāo/ No Signature: _____ Ra / Date: _____

- **Sunscreen Permissions: At First Years we use Smart365 sunscreen lotion kids SPF50+**

Tick one: ā / Yes Kāo/ No Signature: _____ Ra / Date: _____



Kōrero / Information Sharing:

▪ **Policy Statement:**

First Years 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.

Copies of everyday routines and procedures are in the information pack.

Centre policies are located in the entrances area for you to view and take home if you wish

Centre policies will also be displayed on the walls on the various areas which are available for you to read at any time.

▪ **Parent Handbook 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.

▪ **Child's strengths, interests and preferences:**

Please tell us about your child's strengths, interests and preferences.

Utu whakauru / Fees

Full day Fee: \$49

Half day Fee: \$27

Inclusive of Meals and wipes.

Mātua / Parent Declaration

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

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

Service Declaration

On behalf of First Years Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Ra / Date: ____ / ____ / ____