

Enrolment Agreement Form

The Rainbow Corner Early Learning Centre

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: 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: www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

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

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:
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):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:	
Given names:	Given names:
Surname/ family name:	Surname/ family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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 Emergency Contacts (also able to pick up 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):
Email:	Email:
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):
Email:	Email:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health			
Illness/allergies:			
Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please provide verification of all immunisations)			
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vision and Hearing test consent	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dental checks consent	<i>Tick One</i>	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 	<ul style="list-style-type: none"> ▪ Sunscreen lotion 				
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 <input type="checkbox"/> 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)	
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 The Rainbow Corner Early Learning Centre.

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

Optional Charges:

1. The optional charge at start of enrolment - Nil

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

Statutory Holidays / Term Breaks

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

The Rainbow Corner Early Learning Centre is closed on **ALL** the 11 declared public holidays applicable to Auckland if they fall on a weekday.

Enrolment agreement with The Rainbow Corner Early Learning Centre.

- By enrolling my child, I agree to them being involved with the use of Information Communication Technology (ICT) as part of the learning environment and I understand that my child's image may appear in other children's/group learning stories. **YES/NO**
- As a condition of enrolment, I am happy for my child's first name, work or image to appear in the centre newsletter, the centre blog site, in centre DVD's and centre special events (such as children's birthdays), or in individual portfolio. The Centre will endeavour to the best of its capabilities that it protects your child's privacy and security when digital images are taken and used as part of the learning environment. **YES/NO**
- Within the Centre's programme the children are regularly observed. In conjunction with Early Childhood Training providers, we assist with taking their students on practical placements. I give my permission for Students to undertake written observations, which do not identify my child, as part of their training. **YES/NO**
- I give permission for teachers to keep examples of my child's record of learning as evidence of their teaching practice for teacher registration purposes. **YES/NO**
- Photograph/video material: I give consent for my child's image to be used in Centre's promotional and marketing use, including press advertisements, websites, posters and any other forms of advertising. **YES/NO**
- I have read, agreed and give consent to the Centre's CCTV operation as per Centre's policy. **YES/NO**
- I give permission for my child to take part in regular excursions (under the conditions stated in the Centre's excursions policy). **YES/NO**
- I will notify the Centre if anyone other than those listed, will pick up my child from the Centre and I understand my child must be kept in the Centre until such permission is given. **YES/NO**
- I agree to bring and collect my child at the time specified so that the Centre can maintain staff/child ratios and understand penalty fees will be charged if I exceed these times. I understand the centre closes at 6.30pm and I will be charged a late fee of \$20 per quarter hour when booked times are exceeded. **YES/NO**
- I agree to notify the centre if my status as a staff member or student changes. **YES/NO**
- I understand that if I have any complaints regarding services I will direct these to the staff member concerned and then to the Centre Manager. **YES/NO**
- I agree to bring my child to the centre only if he/she is well. Diarrhoea and vomiting illnesses are very contagious. The centre requires, as recommended by the Ministry of Health, that the child is free of symptoms for 48 hours before returning to the centre. **YES/NO**
- In the event of a civil disaster your child may be taken to an alternative safe location and will be looked after to the best of our ability. **YES/NO**
- I have read and understand The Rainbow Corner Early Learning Centre Payment of Fees Policy. **YES/NO**
- I understand that once I state a "start date" the days and times approved are for my child only and that fees are owed from that point. Also that fees are due for any days that my child is absent. **YES/NO**
- I am aware that if I do not pay in accordance with the Centre Fee policy, that my account will be placed with a debt collection agency. **YES/NO**
- The Rainbow Corner Early Learning Centre can use any person named on this document for the purpose of recovery of any outstanding debts, these persons are able to disclose my address and phone number. **YES/NO**
- I agree to accept all WINZ responsibilities and that I pay in full any amounts not paid by them for this service. **YES/NO**

Parent/Guardian Signature:

Date: / /

This enrolment cannot be processed until all sections are signed and completed

- **Policy Statement:** The Rainbow Corner 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.
- **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.
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.

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

Service Provider Signature: _____

Date: ____ / ____ / ____

Centre Use Only

- Birth Certificate sighted and copy taken
- Immunisation certificate sighted and copy taken
- Court order sighted and copy taken

Mode of Payment

Automatic payment

EFTPOS

Internet banking

Fees

Work and Income Subsidy	YES / NO
Sibling Rate	YES / NO
Staff Rate	YES / NO
20 Free ECE hours	YES / NO
Weekly fees total	\$
One week fees payable in advance	\$

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