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| CAS EARLY LEARNING CENTRE  Enrolment Agreement Form (Feb 21) | | | | | | | | | | |
| **⧫ Child’s details: Number:** | | | | | | | | | | |
| 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  ❑ New Zealand passport  ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ❑ Foreign birth certificate  ❑ Foreign passport  **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 2020. 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](http://www.eli.education.govt.nz) | | | | | | | | | | |
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| **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: | | | | | | | | |

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| **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): |

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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) | | |
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| **Person/s who cannot 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: | |

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| **Child’s doctor:** | |
| Name: | Phone: |
| Name of medical centre: | |

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| **Health** | | | | | | |
| Illness/allergies: | | | | | | |
| Is your child up-to-date with immunisations? | *Tick One* | Yes |  | No |  |  |
| (Please provide verification of all immunisations) | | | | | | |
| **For staff:** Immunisation records sighted and details recorded: | *Tick One* | Yes |  | No |  |  |

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| **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**: | | | | | | | | |
| * Arnica Cream (bumps/bruising) | * Any brand of sunblock 30+ | | | | | | | |
| * Sudocream (nappy rash/barrier cream) | * Crystaderm (antiseptic cream) | | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | |

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| **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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | |

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| **⧫ 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | |

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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 |  |  |
|  | | | | | | |
| 1. 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. | | | | | | |
| * Your 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | |

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| **⧫ 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 [insert name of service]. | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Optional Charges and Fee Structure** | |
| 1. The optional charge is for: | |
| * + Supply a box of tissues each term | |
| * + Special centre excursions/lunches (written notice will be given about these planned events). | |
| 1. I understand that if I agree to pay for the optional charge, CAS Early Learning Centre may enforce payment. | |
| 1. The agreement to pay the optional charge will last for until further notice.]. | |
| 1. The rules about making changes to the agreement are: | |
| Parents will be notified in writing and asked to view and resign any new charges or changes. | |
| 1. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty. | |
| 1. I **agree/do not agree** *(select one)* to pay the optional charge for the activities/items specified in this enrolment agreement form. | |
| 1. I do agree to pay to the centre fee structure and schedule for any hours used over and above the 20 Hours.   These fees are:   * $6.00 per hour * Set Weekly fee: $213.00 for a child booked in and attends over 40 hours a week and is not eligible for a WINZ subsidy or 20 ECE hours. * Five percent discount will be given to all children attending 30 plus hours per week – provided that accounts are paid weekly and not on set weekly fee. * Full charge of normal hourly fee for all **ABSENCES**. * All children are entitled to three weeks annual leave per year no charge provided you inform us with two weeks’ notice. * Two weeks’ notice is required if your child is leaving the centre or you wish to adjust your booked hours.  1. I agree in the event on non-payment of my account that the full details of my enrolment and any relevant information may be forwarded to a collection agency for the purpose of collection of outstanding fees. | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Statutory Holidays / Term Breaks** |
| This enrolment agreement is **inclusive**of school term breaks. |
| CAS Early Learning Centre is open Monday to Friday every weekday except all public holidays we are closed. We celebrate Southland Anniversary Day on the Tuesday after Easter Monday. |
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| **Required Information for Licensing Purposes** |
| * **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service’s excursions policy).   **Parents/Guardian Signature…………………………** |
| * **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can’t be used)   **Parents/Guardian Signature………………………………** |

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| **Other information possible to include on this Enrolment Agreement Form** |
| * **Policy Statement:** CAS 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. |
| * **Prospectus**: 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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| **⧫ Parent Declaration** | |
| I declare that all the above information is true and correct to the best of my knowledge. | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Service Declaration** | |
| On behalf of CAS 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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| **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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | |