

# CAS EARLY LEARNING CENTRE

## Enrolment Agreement Form

| Child's Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------|
| Child's official surname or family name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                          |
| Child's official given name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                          |
| Child's official other names / middle names:<br>(please separate names with a comma):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                          |
| Name your child is known by / preferred name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                          |
| Surname / family name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | Given name:                              |
| Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Female                     | Child's date of birth:        /        / |
| Child's primary residential address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                          |
| Post code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                          |
| Official documentation documents <b>sighted</b> by staff: (tick one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            | <b>Staff Initials:</b>                   |
| New Zealand birth certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | Foreign birth certificate                |
| New Zealand passport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            | Foreign passport                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            | Other                                    |
| Child's ethnic origins:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Iwi your child belongs to: | Language(s) spoken at home:              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                          |
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| Privacy statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                          |
| <p>We collect information, including personal information e.g. enrolment and attendance ne) about your child, which is shared with the Ministry of Education, who stores it securely and treats it in accordance with the Privacy Act 2020.</p> <p>The Ministry of Education collects and holds this information for the following purposes:</p> <ul style="list-style-type: none"> <li>• For funding allocation</li> <li>• For monitoring compliance with the Education (Early Childhood Services) Regulations 2008 and related criteria, and the ECE Funding Handbook</li> <li>• To assign a National Student Number* to your child</li> <li>• For statistical and resourcing purposes</li> <li>• To allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under Education and Training Act 2020</li> <li>• As permitted by the Privacy Act 2020.</li> </ul> <p>Information collected may be shared with other government agencies where required by legislation, or to meet an agreed purpose, and in accordance with the government's direction for greater inter-agency data sharing.</p> <p>You have the right to request access to or correction of personal information that the Ministry of Education holds about you. Contact information for the ministry can be found here: National office – Ministry of Education.</p> <p>Completed enrolment forms and related information may be accessed by authorised Ministry officials on request, for monitoring, licensing, and funding administration purposes.</p> <p>*A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at <a href="#">National Student Number (NSN) » NZQA</a></p> |                            |                                          |

| Parent/Guardians                  |            |                        |
|-----------------------------------|------------|------------------------|
| <b>Parent/Guardian #1 Details</b> |            |                        |
| Given names:                      |            | Surname / family name: |
| Relationship to child:            |            |                        |
| Email:                            |            |                        |
| Phone (h):                        | Phone (w): | Phone (m):             |
| Address:                          |            |                        |
|                                   |            |                        |
| Post code:                        |            |                        |
| <b>Parent/Guardian #2 Details</b> |            |                        |
| Given names:                      |            | Surname / family name: |
| Relationship to child:            |            |                        |
| Email:                            |            |                        |
| Phone (h):                        | Phone (w): | Phone (m):             |
| Address:                          |            |                        |
|                                   |            |                        |
| Post code:                        |            |                        |
| <b>Parent/Guardian #3 Details</b> |            |                        |
| Given names:                      |            | Surname / family name: |
| Relationship to child:            |            |                        |
| Email:                            |            |                        |
| Phone (h):                        | Phone (w): | Phone (m):             |
| Address:                          |            |                        |
|                                   |            |                        |
| Post code:                        |            |                        |
| <b>Parent/Guardian #4 Details</b> |            |                        |
| Given names:                      |            | Surname / family name: |
| Relationship to child:            |            |                        |
| Email:                            |            |                        |
| Phone (h):                        | Phone (w): | Phone (m):             |
| Address:                          |            |                        |
|                                   |            |                        |
| Post code:                        |            |                        |

| Custodial Statement                                                                                                        |       |    |
|----------------------------------------------------------------------------------------------------------------------------|-------|----|
| Are there any custodial arrangements concerning your child?                                                                | Yes   | No |
| If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required). |       |    |
| Person/s who <b>cannot</b> pick up your child:                                                                             |       |    |
| Name:                                                                                                                      | Name: |    |
| Name:                                                                                                                      | Name: |    |

Please advise us immediately if there are any changes to custodial arrangements concerning your child, or to the persons who cannot pick up your child, including because of court orders.

| Child's Doctor                                                                                                                                                                                                                             |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Name:                                                                                                                                                                                                                                      | Phone: |
| Name of medical centre:                                                                                                                                                                                                                    |        |
| In the unlikely event of a medical emergency, I understand my child will be given basic First Aid treatment by centre staff and if necessary, taken to hospital in an ambulance. Parents or a contact person will be notified immediately. |        |
| Does your child have any specific illness, allergies or dietary requirements? If yes, please specify:                                                                                                                                      |        |

| Child's Health                                                                                                                                                                                                                                                                                                                                   |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Please provide verification of all immunisations.                                                                                                                                                                                                                                                                                                |     |    |
| Early childhood services are required, as per the Health (Immunisation) Regulations 1995, to ask parents or guardians of a child to provide the Immunisation Certificate for each child attending their service and record the information from the Immunisation Certificate – or the fact that it was not shown – on the immunisation register. |     |    |
| Illness/allergies:                                                                                                                                                                                                                                                                                                                               |     |    |
|                                                                                                                                                                                                                                                                                                                                                  |     |    |
| Is your child up-to-date with immunisations?                                                                                                                                                                                                                                                                                                     | Yes | No |
| Please provide verification of all immunisations.                                                                                                                                                                                                                                                                                                |     |    |
| For staff: Immunisation records <b>sighted</b> and details recorded:                                                                                                                                                                                                                                                                             | Yes | No |

| Skin Products                                                                                                                                                                                     |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Products provided at CAS                                                                                                                                                                          |        |
| I authorise the centre to administer the following products to my child as required:                                                                                                              |        |
| Arnica Cream                                                                                                                                                                                      | YES/NO |
| Sudo Cream                                                                                                                                                                                        | YES/NO |
| Sunblock 50+                                                                                                                                                                                      | YES/NO |
| Parent Signature.....                                                                                                                                                                             |        |
| Date.....                                                                                                                                                                                         |        |
| 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.                                                                                                                                       | 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 | / /    |                     |
| <b>Please note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> , and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding. |        |               |           |              |        |                     |
| Days Enrolled:                                                                                                                                                                                        | Monday | Tuesday       | Wednesday | Thursday     | Friday |                     |
| Times enrolled                                                                                                                                                                                        |        |               |           |              |        | <b>Total hours:</b> |
| <b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>                                                                                                                     |        |               |           |              |        |                     |
| 20 Hours ECE at this service                                                                                                                                                                          |        |               |           |              |        | <b>Total hours:</b> |
| 20 Hours ECE at                                                                                                                                                                                       |        |               |           |              |        | <b>Total hours:</b> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |      |  |  |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------|--|--|----------|
| another service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |      |  |  |          |
| Parent / guardian signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | Date |  |  |          |
| <b>20 Hours ECE Attestation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |      |  |  |          |
| 1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |      |  |  | Yes / No |
| 2. Is your child receiving 20 Hours ECE at any other service?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |  |  | Yes / No |
| <p>If yes to either or both of the above, please sign to confirm that:</p> <ul style="list-style-type: none"> <li>Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary to make decisions about your child's eligibility for 20 Hours ECE.</li> <li>You consent to the early childhood education service providing relevant information to the Ministry of Education, and to the other early childhood education services your child is enrolled at, about the information contained in this box.</li> </ul> |  |  |      |  |  |          |
| Parent/guardian signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | Date |  |  |          |
| <b>Dual enrolment declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |      |  |  |          |
| I hereby declare that my child <b>is / is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at CAS Early Learning Centre.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |  |  |          |
| Parent/guardian signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | Date |  |  |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Absences</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>You must advise us of any absences, whether planned or unplanned, including because your child is sick or has an injury, will be away for holidays (outside of any holidays where the centre is closed), or any other reason.</p> <p>Continuous or frequent absences impact on the funding that we get from the Ministry of Education.</p> <ul style="list-style-type: none"> <li>A continuous absence is when an enrolled child is absent for a period of more than three weeks.</li> <li>A frequent absence is when an enrolled child's actual attendance in a month does not match their enrolled hours for at least half of that month.</li> </ul> <p>As set out in this agreement we may review this enrolment agreement with you because of continuous or frequent absences. We may ask you to reconfirm your child's hours or enrolment or change the hours of enrolment. In some cases, we may end your child's enrolment with us early (before the Intended Date of Exit) because of continuous or frequent absences.</p> <p>We will always make reasonable efforts to work with you to resolve any ongoing absence issues and will give you reasonable notice (to the extent possible, in the circumstances) if we decide to end your child's enrolment early.</p> |

### Optional charges

1. The optional charge is for:
  - Special centre excursions/lunches (written notice will be given about these planned events).
2. I understand that if I agree to pay for the optional charge CAS Early Learning Centre may enforce payment
3. The agreement to pay the optional charge will last for:
  - Until further notice.
4. 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.
5. I understand that optional charges are 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.

Parent / Guardian signature:

Date:

### Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. We are open Monday – Friday.

CAS Early Learning Centre is closed on public holiday's that fall on a weekday. We celebrate Southland Anniversary Day on the Tuesday after Easter Monday. We are closed New Years Day, Day after New Year's Day, Waitangi Day, Good Friday, Easter Monday, Anzac Day, King's Birthday, Matariki, Labour Day, Christmas Day, Boxing Day.

### Required information for licensing purposes and other information

**Photo/video:** Permission for the child to be photographed for the purposes of assessment, planning and evaluation. These are deleted once they have been included in learning stories.

**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 centre and understand how you can have input on policy review.

### Permissions and Parent declaration

- 1) I declare that all the above information is true and correct to the best of my knowledge.
- 2) I confirm that:
  - a. I authorise the Ministry of Education to make enquiries regarding the information provided in this enrolment agreement, if deemed necessary and to the extent necessary to make decisions about my child's eligibility for 20 Hours ECE.
  - b. I consent to this centre providing relevant information to the Ministry of Education, and to other early childhood education services my child is enrolled at, about the information contained in this agreement.
  - c. I agree to pay the fees charged for my child's enrolment at the centre, in accordance with the Fees Schedule published at the time.
  - d. I agree to pay outstanding fees to the centre by the due date and understand that, if I fail to do so, I will be liable for any additional debt collection costs, and that the centre may review my child's ongoing enrolment and end that enrolment early if I do not pay fees owed.

- 3) I **understand** that my child may be photographed or videoed from time to time as part of the Centre's assessment, planning and evaluation practices. No image of my child will be used for promotional or other purposes without my separate written consent.
- 4) I have read and understand the Privacy Statement on page two of this agreement.

### Facebook

CAS Early Learning Centre has a private and public Facebook page. The public page is for promoting our centre. We endeavor to not take full-face close-up photos but more back or side on. The private page is for parents only and we put photos of what the tamariki enjoy while at our centre.

**PRIVATE CAS PAGE** YES ☐ NO ☐

**PUBLIC CAS PAGE** YES ☐ NO ☐

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

Service Provider Signature

Date:

### **FEE STRUCTURE FOR CAS EARLY LEARNING CENTRE**

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:

- \$8.00 per hour
- Set Weekly fee: \$266.00 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.

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_