

# Enrolment Agreement Form Scribbles Early Education Centre

**Office use (Management only to fill out):**

Date of Enrolment: \_\_\_/\_\_\_/\_\_\_      Start Date: \_\_\_/\_\_\_/\_\_\_      Leave Date: \_\_\_/\_\_\_/\_\_\_  
 Infocare Number \_\_\_\_\_      NSN Number \_\_\_\_\_      \$40 Enrolment fee paid Y / N  
 Parent/Caregiver License Number \_\_\_\_\_ (copy taken)

**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:

<input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Other _____	<input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport <b>Management initials:</b> _____
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Child's date of birth:    dd / mm / yyyy      Male      Female

Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
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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](http://www.minedu.govt.nz/parents)

\* Information about acceptable identity verification documents is available online at [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://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.**

<b>Parent / Guardians</b>	
First Names:	First Names:
Surname:	Surname:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
<b>Emergency Contacts / People authorised to pick up your child:</b>	
<b>Contact 1:</b>	<b>Contact 2:</b>
First Names:	First Names:
Surname:	Surname:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
<b>Contact 3:</b>	<b>Contact 4:</b>
First Names:	First Names:
Surname:	Surname:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Custodial Statement	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who cannot pick up your child:</b>	
Name:	Name:
Name:	Name:

Doctor	
Name:	Phone:
Address:	

Health:					
Illness/allergies:					
Special dietary requirements:					
Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes		No	
(Please provide verifications of all immunisations)					
<b>FOR STAFF:</b> Immunisations record sighted and details recorded:	<i>Tick One</i>	Yes		No	

Medicines: (If Applicable)	
<b>Category (ii)</b>	
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) (If Applicable)					
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					
<b>FOR STAFF</b> Individual health plan completed and signed:	<i>Tick One</i>	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. There are no optional charges when enrolled for the 20 hours ECE.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:
Parent/Guardian Signature: _____				Date: ___ / ___ / ___		

20 Hours ECE Attestation: Children 3 years and over.						
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:						
<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 and to the extent 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 other early childhood education services your child is enrolled at, about the information contained in this box.</li> </ul>						
Parent/Guardian Signature: _____				Date: ___ / ___ / ___		

## Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks.

Our service is not open on Statutory Holidays, fees are still charged on these days.

## Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Scribbles Early Education Centre.

Parent/Guardian Signature: \_\_\_\_\_

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

## Terms and conditions

- **Outside Trips:** I give permission for my child to leave the centre in the company of a qualified staff member for excursions to the park etc. With ratios of 1:8 (over 2's) 1:4 (under 2's). Parents will be notified of all other planned trips.
- **Illness:** I agree that I will not bring my child to the centre if they are deemed to be suffering from an infectious illness. I will notify the centre if my child is not attending and inform the nature of the illness. I have read and agree to the illness policy.
- **Photo/video:** I give permission for my child to be photographed for the purposes of assessment, planning, evaluation, documentation in the classroom, in portfolios, and for centre newsletters.
- **Medication:** I authorise "Scribbles Early Education Centre" to administer any medication given by me for my child and in the case of an emergency, to seek medical advice as the centre may think necessary for my child's best interest.
- **Child access:** I will notify the centre if anyone other than those listed on this enrolment form is to pick up my child, and I understand that my child will not be released until permission has been given.
- **Withdrawing your child:** I agree to give two full weeks' notice before withdrawing my child from the centre. Balance owing must be paid to Scribbles Early Education Centre no later than your child's last day. Any outstanding fees will be passed onto Debt Recovery and collection fees will be added to your account.
- **Fees:** I understand that the fees will be paid for my child if my child misses some time at the centre, due to illness and/or for public holidays. I agree to pay all childcare fees one week in advance, if any outstanding debt is longer than 60 days I understand that it will be passed on to debt collectors with the recovery charge added to the debt. Identification evidence required upon enrolment for debit collection purposes only.
- **Holidays:** When we take our child on holiday I agree to give 2 weeks' notice. Holidays are allocated when your child has attended the centre for a 12 month continuous period. You are then entitled 2 weeks holiday free of charge. You will then be allocated the days in which your child attends. Your account must be paid up to date at the time of holiday request. If your holiday in which you have applied for falls on a statutory or public holiday you will still be charged for these days as per your child's usual booked days of attendance. For example, if your child is booked in to attend on a Monday and it falls on a statutory holiday and you have booked for a holiday during this time you will still be charged.
- **Signing in:** I agree that I will sign the daily attendance sheet on my child's arrival. I will advise a staff member before taking my child from Scribbles and I will sign the attendance sheet again.
- **Transport:** Children driven to and from Scribbles must travel in a car seat or restraint in accordance with Traffic Regulations.
- **Sunblock:** I give permission for staff to apply 30+ sunblock when needed.
- **Un-prescribed Medications:** I give permission for staff to apply Arnica cream, insect bite cream, nappy rash cream, antiseptic lotion or other un-prescribed medication staff feel necessary for my child.
- **Policy:** Scribbles 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.
- **Privacy:** All personal information on your child will be kept securely and remain confidential as per the privacy act 1993.
- **Late Fee:** We understand that on the odd occasion you may be late picking up your child if this is reoccurring you will start to be charged a late fee of \$1 per minute, which is payable in cash to the staff member who has had to stay behind with your child.



## Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge. I have read and agreed to Scribbles Terms and Conditions.

Parent/Guardian Signature: \_\_\_\_\_

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

## Service Declaration

On behalf of Scribbles Early Education Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

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

How did you hear about Scribbles? (Please circle)

Internet

Yellow pages

Signage

Drove past the centre

Friends

Family

Word of mouth

Advertisement

Other \_\_\_\_\_

Reason for choosing the centre? \_\_\_\_\_

Revised 31<sup>st</sup> March 2014

This information is collected for the safety of your child, so we know all available information regarding your child, and that we have contact numbers should we need to contact anyone. This enrolment form will be stored in a filing cabinet and will be available to staff only. Due to a requirement of the 1998 Education (ECC) Regs this enrolment form will be held for 7 years.