



Child Ref:

Enrolment Agreement Form

Child:		
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"/> Foreign Birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____	Staff initials: _____	
Child's date of birth: / /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
Child's primary residential address:		
		Postcode
◆ Privacy Statement:		
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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.</p> <p>You can find more information about national student numbers at: eli.education.govt.nz</p>		
<p>*Information about acceptable identity verification documents is available online at eli.education.govt.nz</p> <p>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p>		

Parent/Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional Person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Mobile):	Phone (Mobile):
Relationship to Child:	Relationship to Child:

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

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:
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:

◆ Child's Doctor:	
Name:	Phone:
Name of Medical Centre:	

◆ Health:	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verifications of all immunisations)	
For Staff: Immunisations record sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

◆ Medicine:	
Category (i) Medicines	
A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the first aid treatment of minor injuries and provided by the service and kept in the first aid cabinet.	
Do you approve category (i) medicines to be used on your child? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
▪ Arnica cream	▪ Sunblock
▪ Calamine lotion	▪ Savlon cream/Zinc and castor cream
I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation.	
Parent/Guardian Signature: _____ Date: ___ / ___ / ___	

Category (ii) Medicines
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific periods of time to treat a specific conditional symptom provided by a parent for the use of that child only or, in relation to Rongoa Maori (Maori plant medicines), that is a prepared by other adults at the service.
I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Category (iii) Medicines
To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only
For staff: Individual health plan completed and a copy taken: <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of medicine:
Method and dose of medicine:
When does the medicine need to be taken: (State time or specific symptoms)
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

◆ Enrolment Details:

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Please note: 20 hours ECE is for up to **six hours per day**, up to **20 hours per week** and there **must be no** compulsory fees when a child is receiving 20 hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

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:

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Tick One Yes No

2. Is your child receiving 20 Hours ECE at any other services?

Tick One Yes No

If yes to either or both of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

◆ Dual Enrolment Declaration:

I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at KingsWay Community Preschool:

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

◆ Optional Charges:

At Kingsway Community Preschool we are committed to providing an excellent standard of care, play and learning environments for your child. We provide over and above the regulated standard of registered teachers and teacher: child ratio as required by the Ministry of Education.

1: The optional charge is for our high teaching ratio of 1:6 and at least 96% of our teaching team are qualified teachers. As confirmed in our latest Ministry of Education payment advice notice. The cost of this is \$2.90 per hour

2: I understand that if I agree to pay the optional charge KingsWay preschool may enforce payment.

3: The agreement to pay the optional charge will last for as long as my child is enrolled at the preschool.

4: The rules about making changes to the agreement are : This will be by mutual agreement between the parent and the Centre Manager of KingsWay Community Preschool.

5 : I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.

6 : **I agree / not agree** (select one) to pay the optional charge for the items specified in this Enrolment Agreement Form.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Notice Period:

I will give at least two weeks' notice in writing before reducing or increasing the number of days enrolled at KingsWay Community Preschool. I understand that if I withdraw my child before the two week notice period I will incur full standard rate charges without any ECE hours.

I agree to provide a two week notice period should I wish to cease my child's enrolment with KingsWay Community Preschool. All accounts must be cleared before your child's final day at preschool.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks:

This enrolment agreement is inclusive of school term breaks. KingsWay Community Preschools are not open on any statutory holidays and are closed for a six week period over the Christmas/New Year period. No charges occur for public holidays.

◆ Permissions:	
I give general permission for my child to be taken on regular excursions in the local vicinity of the Preschool with a minimum adult/child ratio of 1-4 and I understand that I will be required to give written consent for this child to go on any excursion involving transport:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for this child to be taken to an alternative location eg civil defence centre in the event of an emergency situation:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to be used for educational observation studies by ECE students on the proviso any photographs & data would be used purely for this purpose:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for this child to be photographed/ videoed while at the Centre and agree that the same can be used for publicity purposes on either the Centre newsletter or on the Centre website:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

◆ Other information:
Policy Statement: KingsWay Community Preschool 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. A copy of the policy folder is available on request.
Enrolment Brochure: Please ensure you have read the information in the enrolment brochure 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 KingsWay Community Preschool.
Privacy Statement: All personal information on your child will be kept securely and remain confidential.
Family Liaison Support: Once your child has settled into the Preschool environment we will meet with you to discuss your child's strengths, interests and preferences.

◆ 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 KingsWay Community Preschool, I declare that this form has been checked and all relevant sections have been completed.
Service Provider Signature: _____ Date: ____ / ____ / ____

Fee Schedule from 2018:

Session	2 year old Children (who will not receive 20 hours ECE funding)	3-5 year old children (who receive 20 hours ECE funding)
Morning Session 8:30am-11:30pm	\$18.90	\$8.70*
Afternoon Session 11:30am-3:30pm	\$25.20	\$11.60*
Full Day 8:30am-3:30pm	\$44.10	\$23.70*
Extended Day 8:00am-4:00pm	\$50.40	\$30.00*
Casual Booking (session times apply)	\$6.30 per hour	\$6.30 per hour
Standard rate for children 2-3 years and hours exceeding 20 ECE hours is \$6.30 per hour.		

*Fees **include** an optional charge of \$2.90 for every ECE hour. Please see the optional charge section for more information.

Fees are required to be paid one week in advance. Invoices are sent out weekly.

Payment can be made via internet banking, cash or cheque.

WINZ subsidies are also available. Please ask us for an application form.

Absenteeism/Sickness: Fees are charged as per permanent booking. Two make-up sessions are available per term at the centre manager's discretion when space allows.

A late fee of \$1 per minute shall be payable for children who are picked up after the Centre's specified end of session time.

I understand that KingsWay Community Preschool reserves the right to charge a flat fee of \$6.30 per hour to compensate the centre for lost government funding should I fail to meet my enrolled agreed hours.

Name: _____ Signature: _____ Date: _____