**Enrolment Agreement Form**



**MIDCITY CHILDCARE CENTRE**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s details:** | | | | | | | | | | | |
| Child's Official Given Name: |  | | | | Child’s Official Surname or family name: |  | | | | | |
| Child's official other names/middle names:  (please separate names with a comma) | | |  | | | | | | | | |
| Name your child is known by / preferred name: | |  | | | | | | | | | |
| Child's date of birth: |  | | | | | Male |  | | Female |  | |
| Child’s ethnic origin/s: |  | | | | | | | | | | |
| Iwi your child belongs to: (if relevant) | | |  | | | NSN - Centre use only | | |  | | |
| Language/s spoken at home: | |  | | | | | | | | | |
| Child's primary residential address: | | |  | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | Postcode |  | | | | |
| **Official Identification document/s sighted by staff:**  □ New Zealand birth certificate □ Foreign birth certificate  □ New Zealand passport □ Foreign passport  □ Other ……………………………………………………………..  **Staff initials:………………** | | | | | | | | | | | |
| **Parents / Guardians:** | | | | | | | | | | | |
| 1. **Given Names:** |  | | | | 1. **Given Names:** |  | | | | | |
| **Surname / family name:** |  | | | | **Surname / family name:** |  | | | | | |
| Address |  | | | | Address |  | | | | | |
|  | | | | |  | | | | | | |
|  | | | Postcode |  |  | | | | Postcode |  | |
| Phone (Home) |  | | | | Phone (Home) |  | | | | | |
| Phone (Work) |  | | | | Phone (Work) |  | | | | | |
| Phone (Mobile) |  | | | | Phone (Mobile) |  | | | | | |
| Email |  | | | | Email |  | | | | | |
| Relationship to child |  | | | | Relationship to child |  | | | | | |
| 1. **Given Names:** |  | | | | 1. **Given Names:** |  | | | | | |
| **Surname / family name:** |  | | | | **Surname / family name:** |  | | | | | |
| Address: |  | | | | Address: |  | | | | | |
|  |  | | | |  |  | | | | | |
|  |  | | Postcode |  |  |  | | Postcode | | |  |
| 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: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Privacy Statement** | | | | | | | | | | | |
| *All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).*  *Additionally, all Privacy statements must include the exact wording below:*  *Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:*   * *for funding allocation purposes* * *for monitoring purposes* * *to allow the assignment of a National Student Number\* to your child, and* * *to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.*   *Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.*  *\* 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*  [*National Student Number (NSN) » NZQA*](https://www.nzqa.govt.nz/login/national-student-number-nsn/)  *Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at:* [*National Student Numbers (NSN) – Education in New Zealand*](https://www.education.govt.nz/early-childhood/funding-and-data/early-learning-information/questions-and-answers/national-student-numbers-nsn/)  ***The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.*** | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Emergency Contacts (also able to pick up child):** | | | | | | | | | | | | |
| 1. **Given names:** |  | | | | | | 1. **Given names:** |  | | | | |
| **Surname / family name:** |  | | | | | | **Surname / family name** |  | | | | |
| Address: |  | | | | | | Address: |  | | | | |
|  | | | | | | |  | | | | | |
|  | | | | Postcode |  | |  | | | Postcode |  | |
| Phone (Home): |  | | | | | | Phone (Home): |  | | | | |
| Phone (Work): |  | | | | | | Phone (Work): |  | | | | |
| Phone (Mobile): |  | | | | | | Phone (Mobile): |  | | | | |
| Email: |  | | | | | | Email: |  | | | | |
| Relationship to child |  | | | | | | Relationship to child |  | | | | |
| 1. **Given names:** |  | | | | | | 1. **Given names:** |  | | | | |
| **Surname / Family name:** |  | | | | | | **Surname / family name:** |  | | | | |
| Address: |  | | | | | | Address: |  | | | | |
|  |  | | Postcode | | |  |  |  | Postcode | | |  |
| Phone (Home): |  | | | | | | Phone (Home): |  | | | | |
| Phone (Work): |  | | | | | | Phone (work): |  | | | | |
| Phone (Mobile): |  | | | | | | Phone (Mobile): |  | | | | |
| Email: |  | | | | | | Email: |  | | | | |
| **Additional person/s who can pick up your child: (if not already listed on this form)** | | | | | | | | | | | | |
| **Given Names:** |  | | | | | | **Given Names:** |  | | | | |
| **Surname** |  | | | | | | **Surname / Family name:** |  | | | | |
| Address |  | | | | | | Address: |  | | | | |
| Post Code: |  | | | | | | Post Code: |  | | | | |
| Relationship to child |  | | | | | | Relationship to child |  | | | | |
| Phone (Home) |  | | | | | | Phone (Home) |  | | | | |
| Phone (Work) |  | | | | | | Phone (Work) |  | | | | |
| Phone (Mobile) |  | | | | | | Phone (Mobile) |  | | | | |
|  |  | | | | | |  |  | | | | |
| **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:** | | | | | | | | | | | | |
| Name |  | | | | | | Name |  | | | | |
| Name |  | | | | | | Name |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Enrolment Details:** | | | | | | | | |
| Date of Enrolment | / / | | Date of Entry | / / | Date of Exit | | / / | |
|  | | | | | | | | |
| 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** | | | | | | | | |
| 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 of 20 Hours | Monday | | Tuesday | Wednesday | Thursday | | Friday | |
| 20 Hours ECE at this service |  | |  |  |  | |  | |
| 20 Hours ECE at another service |  | |  |  |  | |  | |
| Total Number of hours at this service: | | |  | | | | | |
| Total Number of hours at another service: | | |  | | | | | |
| Parent/Guardian Signature | |  | | | Date: | / / | | |
|  | | | | | | | | |
| **20 Hours ECE Attestation:** | | | | | | | | |
| 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 |  |
| Is your child receiving 20 hours ECE at any other service? | | | (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 Midcity Childcare. | | | | | | | | |
| Parent/Guardian Signature | |  | | | Date: | / / | | |
|  | | | | | | | | |
| **Statutory Holidays / Term Breaks** | | | | | | | | |
| This enrolment agreement is inclusive of school term breaks.  Midcity Childcare is closed on the following public holidays: New Years Day, Day after New Year’s Day, Waitangi Day, Good Friday, Easter Monday, Anzac Day, Kings Birthday, Matariki, Labour Day, Christmas Day, Boxing Day and Auckland Anniversary Day. | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Consents** | | | | | | | I I consent for my child to take regular excursions within walking distance of Midcity Childcare Centre. Ratio 1 Kaiako:4 Tamariki maximum (Infants/Toddlers) 1 Kaiako:7 Tamariki (Kindy) | (Tick one) | Yes |  | No |  | | I consent to photographs and videos of my child to be used for the purposes of assessment, planning and evaluation. These photos/videos will be put on Storypark for you and your whānau to enjoy. Your child may also appear in some group stories with other children in the Centre. | (Tick one) | Yes |  | No |  | | I consent to photographs of my child being published in public documents e.g.printed and online promotional material, Midcity's public Facebook page, Midcity website (www.midcitychildcare.co.nz) | (Tick one) | Yes |  | No |  | | I consent for Midcity Childcare Centre to send txt messages in the event of an Emergency/Emergency evacuation | (Tick one) | Yes |  | No |  | | **Vision & Hearing Testing** | | | | | | | Do you authorise the Vision/Hearing Technician to test your child? | (Tick one) | Yes |  | No |  | | | | | | | | | |
|  | | | | | | | | |
| **Nut Free Centre** | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | I acknowledge that Due to some children having severe allergies to nuts, Midcity is a “Nut Free” Centre. Please do not bring your child into the centre with any nut products e.g peanut butter, Nutella, muesli bars with nuts etc. | | | | | Parent/Guardian Signature: |  | Date: |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health** | | | | | | | | | |
| Illness/Allergies: |  | | | | | | | | |
| Is your child up-to-date with immunisations? | | | | | (Tick one) | Yes |  | No |  |
| **(Please provide verifications of all immunisations)** | | | | | | | | | |
| **For Staff:** Immunisations record sighted? | | | | | (Staff use) | Yes |  | No |  |
| **For Staff:** Immunisation details recorded? | | | | | (Staff use) | Yes |  | No |  |
|  | | | | | | | | | |
| **Medicine - Category (i)** | | | | | | | | | |
| A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the ‘first aid’ treatment of minor injuries and provided by the service and kept in the first aid cabinet.  Note: The service must provide specific information about the category (i) preparations that will be used.  **Category (i) These items are kept in the locked first aid cabinet and provided by Midcity.** | | | | | | | | | |
| Do you approve category (i) medicines to be used on your child? *Tick One* | | | | | | Yes |  | No |  |
| Name(s) of specific Category (i) medicines that can be used on my child provided by Midcity **(Please tick)** | | | | | | | | | |
| Arnica | | |  |  | | | | | |
| Zinc & Castor Oil | | |  |
| Antiseptic Cream i.e. Bepanthen | | |  |
| Insect Bite Cream | | |  |
| Sunscreen | |  |  |
| Other - Please specify (e.g. Sudocream) | | |  | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Category (ii) Medicine** | | | | | **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) Medicine** | | | | | | | | | |
| **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 copy taken: | | | | | (Tick one) | Yes |  | No |  |
| Name of medicine: |  | | | | |  | | | |
| Method and dose of medicine: | |  | | | |  | | | |
| When does the medicine need to be taken: (State time or specific symptoms) | | | | | |  | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **(If specific training is required to administer medication, please advise the Team Leader)** | | | | | | | | | |
| Parent/Guardian Signature | |  | | | | Date: |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Additional Information** | | | | | |
| Policy Statement | | | | | |
| Midcity Childcare has a number of policies in place for the care and education of the children who attend. We strongly urge you to read these. They are located in the entrance of the Centre. 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 and curriculum review, and other aspects of the Centre. | | | | | |
| Parent Information | | | | | |
| Please ensure you have read the information in the Enrolment Pack 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 our Centre.  If you are interested, our most recent Education Review Office report is available to be read and can be found in the entrance of the Centre. | | | | | |
| Debt Collection | | | | | |
| I agree that under the terms of the Privacy Act 2020, I irrevocably authorise any person or company to provide Midcity Childcare Centre with such information as Midcity may require in response to our credit enquires.  I authorise Midcity to furnish any third party details of this application, and any subsequent dealings that I may have with Midcity as a result of this application being actioned by Midcity.  I undertake to pay the amount in full on or before the due date. In default of such prompt payment, I undertake to pay late payment fees of 3% per month on any amount outstanding and to indemnify Midcity, and pay all costs and expenses on a solicitor / client base if legal action is necessary, and/or debt collection fees, which may incur in recovering from me any overdue amount. | | | | | |
| Terms and Conditions | | | | | |
| Acceptance of enrolment of my child at this Centre is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. Management reserves the right to terminate enrolment or vary the conditions. | | | | | |
|  | | | | | |
| **Fees** | | | | | |
| Once we have confirmed we have a space for your child, we will require one week's fees to secure your child's place with us. This will be deemed as your child's first week's fees with us. Should your child not attend Midcity this holding fee is non-refundable. | | | | | |
| \* I agree to keep my account up to date at all times. | | | | | |
| \* I agree to pay my fees by Direct Debit - **Weekly / Fortnightly** (Please circle which option you prefer) | | | | | |
| **\* My Direct Debit will start on / /** |  |  |  |  |  |
| \* Invoices will be emailed on a weekly basis. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Accidents** | | | | | |
| In the event of a major accident or emergency **I consent / do not consent** for Midcity Staff to seek advice or treatment as deemed necessary in the best interest of my child. I/We agree to pay for any associated medical costs. | | | | | |
|  | | | | | |
| **Exclusion Due to Illness** | | | | | |
| I understand that if my child is unwell or has an infectious condition, they will not attend Midcity Childcare. Should they become unwell while at the Centre, they will be excluded and sent home at the discretion of the Manager or Team Leaders. | | | | | |
| **Parent Declaration** | | | | | |
| I declare that all the above information is true and correct to the best of my knowledge. | | | | | |
| Parent / Guardian Signature | |  | | Date | / / |
| How did you hear about Midcity Childcare Centre? | | |  | | |
|  | | | | | |
| **Service Declaration** | | | | | |
| On behalf of Midcity Childcare, I declare that this form has been checked and all relevant sections have been completed. | | | | | |
| Name |  | | | | |
| Position |  | | | | |
| Signature |  | | | Date | / / |
|  | | | | | |
| **Office Use Only** | | | | | |
| No enrolment is to be accepted until the following are complete: | | | | | |
| □ Enrolment Form (check that all information on the enrolment form is complete) | | | | | |
| □ One week's fees in advance | | | | | |
| □ Immunisation Certificate copied (attached)  □ Birth Certificate or Passport sighted | | | | | |
| □ Enrolment Form entered into Discover | | | | | |
| □ Direct Debit Form processed (Sign & Date) / / | | | | | |
| □ Legal paperwork copied (attached) Yes / Not required | | | | | |
| □ Email entered to Outlook | | | | | |