



Enrolment Agreement Form

Child:

Child's Official Given Name		Child's Official Surname	
Child's official other names/middle names			
Name your child is known by / preferred name			
Child's date of birth		Male	Female
Ethnic Origin			
Iwi your child belongs to (if relevant)		NSN - Centre use only	
Language/s spoken at home			
Child's home address or addresses			
		Postcode	
Official Identity Verification Document Sighted - Centre Use (Staff initials)			
NZ Birth Certificate		NZ Passport	Other

Parents / Guardians:

First names		First names	
Surname		Surname	
Address		Address	
	Postcode		Postcode
Phone (Home)		Phone (Home)	
Phone (Work)		Phone (Work)	
Phone (Mobile)		Phone (Mobile)	
Email		Email	
Relationship to child		Relationship to child	

Doctor

Name		Phone	
Name of Medical Centre			

Privacy Statement

All Early Childhood services must meet their responsibilities under the Privacy Act 2020, which includes providing a Privacy Statement on enrolment agreements which meets the requirements of that Act (See Principle 3 – Collection of information from subject).

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 & 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](#)

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.

Emergency Contacts (also able to pick up child):

First Names		First Names	
Surname		Surname	
Address		Address	
	Postcode		Postcode
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Mobile):		Phone (Mobile):	
Relationship to child		Relationship to child	

Person/s who can pick up your child: (if not already listed on this form)

First Names		First Names	
Surname		Surname	
Address		Address	
Relationship to child		Relationship to child	
Phone (Home)		Phone (Home)	
Phone (Work)		Phone (Work)	
Phone (Mobile)		Phone (Mobile)	

First Names		First Names	
Surname		Surname	
Address		Address	
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. There is no compulsory fees when a child is only attending 20 hours ECE.

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

Is your child receiving 20 hours ECE for up to six hours per day, 20 hours per week at this service?	(Tick one)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child receiving 20 hours ECE at any other service?	(Tick one)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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 Midcity Childcare providing relevant information to the Ministry of Education, and to other Early Childhood Education Services your child is enrolled at, about the information contained in this box.

Parent/Guardian Signature		Date:	___/___/___
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Dual Enrolment Declaration

I hereby declare that my child **is / is not** enrolled at another Early Learning Centre at the same times that he/she is enrolled at Midcity Childcare Centre.

Parent/Guardian Signature		Date:	___/___/___
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Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks. Midcity Childcare will not be open on Public Holidays falling on week days.

Health

Illness/Allergies:					
Is your child allergic to bee stings?	(Tick one)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child up-to-date with immunisations?	(Tick one)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(Please provide verifications of all immunisations)					
Immunisations record sighted?	(Staff use)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Immunisation details recorded?	(Staff use)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Medicine - Category (i)

Category (i) Medicines - A category (i) medicine is a non-prescription preparation that is not ingested, but used for 'First Aid' treatment of minor injuries and provided by the Centre. These items are kept in the locked first aid cabinet.

Do you give permission for Category (i) medicines to be used on your child if needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name(s) of specific Category (i) medicines that can be used on my child provided by Midcity (Please tick)				
Arnica (by Martin & Pleasance)	<input type="checkbox"/>			
Zinc & Castor Oil ointment	<input type="checkbox"/>			
Antiseptic Cream (Bepanthen or Savlon)	<input type="checkbox"/>			
Insect Bite Cream (Anthisan Cream)	<input type="checkbox"/>			
Sunscreen (Nivea Sun SPF 50+)	<input type="checkbox"/>			
Sudocrem (Sudocrem Healing Cream)	<input type="checkbox"/>			
Teething Tamer (The Nude Alchemist Teething Tamer)	<input type="checkbox"/>			
Other please specify	<input type="checkbox"/>			

Medicine - Category (ii)

Category (ii) Medicines are prescription (such as antibiotics, eye/ear drops, etc) or non-prescription (such as paracetamol liquid, cough syrup, etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature	Date:
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Medicine - Category (iii)

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.

Individual health plan completed and signed:	(Tick one)	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)					
(If specific training is required to administer medication, please advise the Team Leader)					
Parent/Guardian Signature					Date:
For Staff: Individual health plan completed and signed:	(Tick one)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Consents

I consent for my child to take regular excursions within walking distance of Midcity Childcare Centre. 1 Kaiako:4 Tamariki maximum (Infants/Toddlers) 1 Kaiako:8 Tamariki (Kindy) Excursions within walking distance of the Centre include: Garden Place, Centre Place, River Walk, Around the block, Library, Les Mills Gym and Countdown Anglesea Street.	(Tick one)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
I consent for Midcity Childcare Centre to send txt messages in the event of an Emergency/Emergency evacuation	(Tick one)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Vision & Hearing Testing

Do you authorise the Vision/Hearing Technician to test your child?	(Tick one)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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?

Midcity Childcare 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