# Enrolment Agreement Form

AAPICA CENTRE

## ♦ 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:

❑ New Zealand birth certificate ❑Foreign birth certificate

❑ New Zealand passport ❑Foreign passport

❑ Other_____ **Staff initials**: _____

Child's date of birth: / / Male ☐ Female ☐

| Child's ethnic origin/s: | Iwi your child belongs to: | Language/s spoken at home: |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

***** Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and 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.**

Any changes to this form **must** be signed and dated by the parent/guardian.

| **1. Given names: (Father)** | **2. Given names: (Mother)** |
|---|---|
| | |
| **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: |
| Occupation: | Occupation: |
| **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 (Work): | Phone (Work): |

Any changes to this form **must** be signed and dated by the parent/guardian.

| 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 <u>cannot</u> pick up your child**: | |
| Name: | Name: |
| Name: | Name: |

| 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: |
| **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: |

| Child's doctor: | |
|---|---|
| Name: | Phone: |
| Name of medical centre: | |

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## Health

Illness/allergies:

Is your child up-to-date with immunisations? *Tick One* Yes | | No | |

(Please provide verification of all immunisations)

**For staff:** Immunisation records sighted and details recorded: *Tick One* Yes | | No | |

## 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.

Note: The service must provide specific information about the category (i) preparations that will be used.

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 service**:

| | |
|---|---|
| ▪ | ▪ |
| ▪ | ▪ |

**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 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) 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 sighted, and a copy taken: *Tick On* 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:** ____/____/ ____

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## ♦ 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 hours: |
| **For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours** | | | | | | |
| 20 Hours ECE at this service | | | | | | Total hours: |
| 20 Hours ECE at another service | | | | | | Total 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 AAPICA.

**Parent/Guardian Signature:**_____**Date:**_____/____/ ____

Any changes to this form **must** be signed and dated by the parent/guardian.

**Fee Payments:**

Fees are payable by the parents/ guardians in accordance with the current fees schedule. The fees schedule will be provided to parents/guardians with the enrolment form.

Fees are to be paid one (1) week in advance. Failure to keep fees up to date may result in a child's enrolment being forfeited.

If fees remain unpaid after 4 weeks, the enrolment to the centre will be terminated immediately by notice to the parents/guardians. Collection of any outstanding fees may be given to a Debt Collection Agency, for which the parent/guardian is responsible for any associated costs incurred.

All booked hours are charged whether they are used or not.
Once a child is enrolled, they are allocated the enrollment space until the parents/guardians give one-week notification in writing that they wish to remove the child from the centre.

Public Holiday falls on a day a child is enrolled, the parent/guardian shall be charged for that day.

Extra hours can be negotiated if they are within the Centre attendance structure.

Parents/guardians who receive assistance with their fees from Work and Income NZ (WINZ) should ensure that their subsidy applications for assistance are current as full payment of fees is required regardless of whether assistance is received or not. It is also the parent/guardian's responsibility to maintain their status with WINZ. Any shortfall of funding from WINZ will be charged to the parents/guardians.

Signature……..Date: ……

**♦ Optional Charges:**

1. The optional charge is for:
   - When children go on excursions

2. 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:**_____/____/ ____

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## ♦ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks as we are open and close on Christmas period for 4 weeks.

AAPICA does not open on any of the following public holidays if they fall on a weekday:

| | | | | | |
|---|---|---|---|---|---|
| New Year's Day | | Easter Monday | | Christmas Day | |
| Day after New Year's Day | | ANZAC Day | | Boxing Day | |
| Waitangi Day | | Queen's Birthday | | Local Anniversary Day | |
| Good Friday | | Labour Day | | | |

## Required information and consents for licensing purposes

- I give permission for my child to go on short local outings eg library visit
- I give permission for my child to be photographed for child's development portfolios
- I give permission and understand that my child's image may be used in marketing material i.e website, social
- I have viewed the sleeping facilities and have read the sleeping policy and agreed for my child to have a sleep/rest period each day

**Signed**_____**Date:** _____

## Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** AAPICA 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.
- **Information Pamphlet:** Please ensure you have read the information in the pamphlet 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 the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.
- **Transitional School Visits:** Inform the centre of your child's transition arrangements.
- 
- **Food related choking :** Please read the following document to understand choking related risks

https://www.health.govt.nz/system/files/documents/publications/reducing-food-related-choking-babies-young-children-early-learning-services-dec20.pdf

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## Parents Aspirations For Child/Children

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**Signature:**_____ **Date:**_____

| ♦ 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 AAPICA, I declare that this form has been checked and all relevant sections have been completed. | |
| **Service Provider Signature:** _____ | **Date:**_____/____/ ____ |

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