

Playhouse Early Learning Centre

Enrolment Agreement Form



◆ 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: d d / m m / y y y y

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: eli.education.govt.nz

* Information about acceptable identity verification documents is available online at eli.education.govt.nz

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

Parents / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
D.O.B:	D.O.B:
Copy of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport	Copy of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Occupation:	Occupation:
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:
D.O.B:	D.O.B:
Copy of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport	Copy of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Occupation:	Occupation:
Email:	Email:
Relationship to child:	Relationship to child:

Emergency Contacts (Minimum 2 persons – Different from Parents/Guardians, also able to collect child)	
Given names:	Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
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)

Any person/s known to you who CANNOT UNDER ANY CIRCUMSTANCES collect your child from the centre:

Name:

Name:

Name:

Name:

Are there any other persons (apart from those listed above) who can collect your child?

1. Given names:

2. Given names:

Surname / family name:

Surname / family name:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

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):

Child's doctor:

Name:

Phone:

Name of medical centre:

Health:

Does your child have any allergies or special dietary needs we need to be aware of? (vegetarian, etc):

Does your child have any health issues we need to be aware of? (Asthma, Eczema, etc)

Is your child up-to-date with immunisations?	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>(Please provide verification of all immunisations by bringing in your child's Well Child book)</i>					
Centre Use: Immunisation records sighted and details recorded:	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I give permission for basic first aid to be administered	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I authorise the centre to seek medical help for my child in case of an emergency	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you familiar with and agree to abide by the Playhouse "Illness and Injury" policy <i>(a copy of this policy can be found in the parent info handout and on display in the centre)</i>	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you understand that you will need to make alternative childcare arrangements if your child is unwell	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you agree that you (or an emergency contact) will be easily contactable and able to collect your child promptly should they become unwell during the day	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Medicine	
Category (i) Medicines	
<p>Category (i) Medicines - A category (i) medicine is a non-prescription preparation provided by Playhouse Early Learning Centre that is not ingested, they are used for the 'first aid' treatment of minor injuries and used as needed</p> <p>Some of the types of category (i) medicines that may be used here at Playhouse are: Arnica (for bruising) Insect Repellent, Nappy Barrier Cream, Sunblock etc</p>	
I approve the following category (i) medicines that can be used on my child by Playhouse Early Learning Centre:	
<ul style="list-style-type: none"> ▪ Arnica <input type="checkbox"/> Yes ▪ Insect Repellent <input type="checkbox"/> Yes ▪ Nappy Barrier Cream <input type="checkbox"/> Yes ▪ Anthisan/Soov/Stop Itch <input type="checkbox"/> Yes 	<ul style="list-style-type: none"> ▪ Hypercal Lotion <input type="checkbox"/> Yes ▪ Sunblock <input type="checkbox"/> Yes ▪ Pawpaw ointment <input type="checkbox"/> Yes ▪ Antiseptic cream <input type="checkbox"/> Yes
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

Category (ii) Medicines	
To be filled in if your child <u>requires regular medication</u> as part of an individual health plan, for example for an <u>on-going</u> condition such as asthma or eczema etc and is for the use of that child only	
Individual health plan completed and signed:	Tick one <input type="checkbox"/> Yes <input type="checkbox"/> 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: ____ / ____ / ____	

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

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 One: 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: ____ / ____ / ____

Excursions:

I understand that the centre may like my child to join them on walks/visits in the local community (local park, shops, school, library etc). The ratios for these excursions would be a maximum of 1:8 for over 2's and 1:3 for under 2's.

I give permission for my child to participate in these excursions YES NO

Parent Signature _____

Does your child have any cultural/religious beliefs we need to be aware of?

Photos/Videos

At Playhouse the children are often photographed for the purpose of assessment, planning and evaluation and as part of our everyday learning experiences. We believe these photographs are an important part of your child's time here at Playhouse and we use these photos in the children's portfolios, wall displays, teacher/student training purposes, newsletters, social media, centre promotion and on our website.

I give permission for my child to be photographed for the purposes listed above Yes No

Parent Signature _____

◆ Enrolment Details:

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

We are open Mon-Friday 7.30am-5.30pm (except Statutory holidays, Christmas Eve when we close at 12pm and the weeks with stat holidays following Christmas/New Year when we are open 8.00am-4.30pm). Full day fees are based on an average 8.5 hour day and School Day fees are based on a 7 hour day (8.30-3.30).

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 Playhouse Early Learning Centre

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

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

Additional Information

▪ Policy Statement:

Playhouse 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.

▪ Parent Information Handout:

Please ensure you have read the information in the parent handbook as it covers such things as fee details, centre information and ways in which we can help you and your child settle into the service.

Terms and Conditions – Please read carefully and sign at bottom of page

These terms and conditions are to be read and agreed in conjunction with the centre rules, regulations and the Parent Information handout

- I understand that I must hand all medication to staff on arrival and fill in and sign the medicine chart
- I have read and agree to abide by Playhouse's Accident, Illness and Medication policy (including respecting exclusion periods) and understand that I may not bring my child to the centre if they are suffering from ANY condition that is capable of being transmitted to another person or if they are not well enough to participate in a normal centre day. I also agree to collect my child without delay if they become ill while in care
- I understand that my child's fees have to be paid weekly in advance (by Friday for the following week)
- I will give 2 weeks advance notice if my child is leaving the centre or I understand I will be charged 2 weeks fees in lieu. I understand my child's account balance must be cleared by their final date of care. Acceptance of enrolment of my child at this service 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 with 2 weeks' notice.
- I understand that if I am eligible for a WINZ subsidy it is my responsibility to ensure all paperwork is completed and I agree to pay the account in full until the subsidy has been approved and confirmation and payment received by the centre
- I understand that my child is entitled to either 4 weeks at 50% fees OR 2 weeks free leave for holidays per year and that these discounts can only be used for full weeks. If you receive a WINZ subsidy the 50% reduction will only be for the parent fee portion
- I understand that a \$25.00 enrolment fee is payable when enrolling your child at Playhouse Early Learning Centre
- I understand that if I am late to collect my child OR arrive before or after the set school hour day times a charge of \$10.00 per 10 minutes or part thereof

Fees are payable in advance by automatic payment to our bank account (preferred option) or by cheque to the office. Any outstanding account balances will incur a 10% late fee payment penalty weekly. Please note that full fees are payable for all public/statutory holidays and sick days as these have already been taken into account when calculating our fee structure. We do not offer make-up days.

Due to our advance fees requirement, we envisage that bad debts will mostly be avoided – however bad debts will not be tolerated. If your child's account remains unpaid after receiving overdue account invoices then you will be asked to collect your child immediately, your child's enrolment at the centre will be terminated and the centre will forward the account to a debt collection agency. **If this situation occurs YOU will be responsible for ALL costs incurred in this process**

Parent/Guardian 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 Playhouse Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____/____/____

Change of Days/Times of Enrolment:

Effective Date of Change: ____/____/____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

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

Change of Days/Times of Enrolment:

Effective Date of Change: ____/____/____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

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

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

