

# Playhouse Early Learning Centre

## Enrolment Agreement Form



### Child:

Child's first names:	Surname:
Name your child is known by:	Child's place in family: /
Child's date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnic origin:	
Iwi your child belongs to (if applicable):	
Child's home address or addresses:	
	Postcode

### Parents / Guardians:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

### Emergency Contacts:

First Names:	First Names:
Surname:	Surname:
Relationship to child:	Relationship to child:
Contact phone numbers: Home	Contact phone numbers: Home
Work: Mobile	Work: Mobile

**Privacy Statement:** All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.



<b>Person/s who can pick up your child:</b>	
Name:	Name:
Relationship to child:	Relationship to child:
Contact phone number:	Contact phone number:
Name:	Name:
Relationship to child:	Relationship to child:
Contact phone number:	Contact phone number:

**20 Hours ECE Attestation ( Children over 3 years are eligible) :**

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 Playhouse 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**20 hours ECE subsidy fees:**

I understand that the fees charged by the centre have already had the Governments "20 hours ECE" subsidy for over 3 year olds deducted. The balance of the costs cover the additional hours my child attends and includes a charge to cover costs over and above the "minimum service" provided by the centre. I understand that the costs detailed below are not covered by the Governments contribution for "20 hours ECE".

The rate that is paid by the government does not cover:

- The cost of providing our higher teacher:child ratio
- Extra resources and equipment available to the children
- The maintenance and costs of running a centre in more costly cities like Auckland
- Administration costs to implement and maintain the 20 hours ECE policy
- Meals provided by the centre
- Nappies if required
- Our 3 weeks at 50% fees holiday retainer is not available to children who have opted into the 20 hours ECE scheme

I understand the above and agree to pay the weekly fee as stated in the fee schedule  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Health (please provide details below)</b>				
Does your child have any allergies or special dietary needs?(vegetarian etc):				
Does your child have any health problems we need to be aware of?				
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 and details recorded (Office use only)	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 Playhouse's "Illness and Medication policy" (a copy of this is policy in the Parent Info handout )	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"/>

<b>Excursions:</b>
I understand that the centre may like my child to go on walks/visits in the local community (local park, shops, school etc). The ratios for these excursions would be a maximum of 1:7 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 _____
<b>Does your child have any cultural/religious beliefs we may need to be aware of?</b>

<b>Medicine</b>	
<b>Category (i) Medicines</b>	
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	
The types of category (i) medicines that may be used here at Playhouse are: Arnica (for bruising) Insect repellent, Nappy Barrier Cream,	
I approve the following category (i) medicines that can be used on my child by Playhouse Early Learning Centre:	
▪ <b>Arnica</b> <input type="checkbox"/> Yes	▪ <b>Sunblock</b> <input type="checkbox"/> Yes
▪ <b>Nappy Barrier Cream</b> <input type="checkbox"/> Yes	▪ <b>Stop Itch Cream</b> <input type="checkbox"/> Yes
▪ <b>Insect Repellent</b> <input type="checkbox"/> Yes	▪ <input type="checkbox"/> Yes
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

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### 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

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Photos/Videos

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 photo's in the children's portfolios, wall displays, newsletters and on our website.

I give permission for my child to be photographed for the purposes listed above

Yes

No

Parent Signature \_\_\_\_\_

### Additional Information

▪ **Policy Statement:**

- Playhouse Early Learning Centre 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.

▪ **Privacy Statement:**

- All personal information on your child will be kept securely and remain confidential. However some of the information on this form we may be required to share with government agencies such as the Ministry of Education, WINZ, Ministry of Health.

▪ **Child's strengths, interests and preferences:**

- Please make sure you fill out this page which is attached to the back of the enrolment form. Sharing this information helps to make transitions from home to centre life easier, and gives staff a small insight into your child's interests and needs

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**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 agree to abide by Playhouse’s Illness and Medication policy and understand that I may not bring my child to the centre they are suffering from ANY condition that is capable of being transmitted to another child

I understand that my child’s fee’s have to be paid weekly in advance (by Friday for the following week)

I will give 2 weeks advanced notice if my child is leaving the centre or I understand I will be charged 2 weeks fees in lieu

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 until the subsidy has been approved and confirmation and payment received by the centre

I understand that Playhouse allows for 3 weeks leave to be taken at 50% fees (this discount does not apply to children on the 20 hours fees)If you receive a WINZ subsidy the 50% reduction will only be for the parent fee portion

A \$40 enrolment fee is payable when enrolling your child at Playhouse Early Learning Centre

I understand that I am required to pay a bond equivalent to 2 weeks of my child’s fees that will be held by Playhouse for the duration of my child’s enrolment there and will be refunded to my account at the end of care by giving the appropriate notice period

I understand that if I am late to collect my child a charge of \$10 per 10 minutes or part thereof will be charged to my account

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 statutory holidays and sick days as these have been taken into account when calculating our fee structure

*Due to our advance fee’s requirement, we envisage that bad debts will mostly be avoided – however bad debts will not be tolerated. If your child’s account remains unpaid 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.*

*If this situation occurs YOU will be responsible for ALL costs incurred in this process!!*

Parent Signature \_\_\_\_\_

**Parent Declaration**

I declare that all the above information is true and correct to the best of my knowledge. I also declare that my child is not enrolled at any other early childhood centre for the same times that they are enrolled at Playhouse Early Learning Centre.

**By signing this agreement I understand that I am responsible for all fees incurred while my child is enrolled at Playhouse Early Learning Centre.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Centre Declaration**

On behalf of Playhouse Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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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						
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For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
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## Individual Child Development Record (parent page)

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's place in the family:  of

Please tell us about your child's interests (toys, books, music etc):

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Family interests/hobbies (sports, activities etc):

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Other cultural celebrations? \_\_\_\_\_

Allergies/food preferences: \_\_\_\_\_

Any fears your child may have? (eg.dogs) \_\_\_\_\_

If your child sleeps during the day please share times/settling techniques etc:

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Does your child require any help with toileting?

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Are there any areas of you child's development that we need to be aware of? (e.g. biting):

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