

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: dd / mm / yyyy

Male

☐

Female

☐

Child's ethnic origin/s:

Iwi your child belongs to: (if applicable)

Language/s spoken at home:

Child's place in family: /

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

www.lead.ece.govt.nz and 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.

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.

Parents or Guardians: (Please fully complete all fields)	
First Names:	First Names:
Surname:	Surname:
D.O.B:	D.O.B:
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Drivers License/Passport #:	Drivers License/Passport #:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Occupation:	Occupation:
Email	Email:
First Names:	First Names:
Surname:	Surname:
D.O.B:	D.O.B:
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Drivers License/Passport #:	Drivers License/Passport #:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Occupation:	Occupation:
Email:	Email:
Emergency Contacts: (Other than Parents/Guardians)	
First Names:	First Names:
Surname:	Surname:
Relationship to child:	Relationship to child:
Contact phone numbers: Home	Contact phone numbers: Home
Work: Mobile	Work: Mobile
First Names:	First Names:
Surname:	Surname:
Relationship to child:	Relationship to child:
Contact phone numbers: Home	Contact phone numbers: Home
Work: Mobile	Work: Mobile

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Are there any persons (<u>other than</u> parents/guardians/emergency contacts) who can pick up your child:	
Name:	Name:
Relationship to child:	Relationship to child:
Name:	Name:
Relationship to child:	Relationship to child:

Custodial Statement	
Are there any custody 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 <u>CANNOT UNDER ANY CIRCUMSTANCES</u> collect your child from the centre:	
Name:	Name:
Relationship to child:	Relationship to child:

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 of 8.30-3.30.						
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						
Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

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 to child ratio
- Extra resources and equipment available to the children
- The maintenance and costs of running a centre in more expensive cities like Auckland
- Administration costs to implement and maintain the 20 hours ECE policy
- Meals provided by the centre
- Nappies if required

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

Parent/Guardian Signature:

Date: ____ / ____ / ____

Health (please provide details below)					
Doctors Name:			Contact Number:		
Medical Centre name and address:					
Does your child have any allergies or special dietary needs we need to be aware of?(vegetarian etc):					
Does your child have any health problems we need to be aware of? (Asthma, Eczema etc)					
Is your child up-to-date with immunisations? <small>(Please provide verifications of all immunisations by bringing in your child's Well Child Book)</small>			<i>Tick One</i>	Yes	<input type="checkbox"/>
Immunisations record sighted and details recorded (Office use only)			<i>Tick One</i>	Yes	<input type="checkbox"/>
I give permission for basic first aid to be administered			<i>Tick One</i>	Yes	<input type="checkbox"/>
I authorise the centre to seek medical help for my child in case of an emergency			<i>Tick One</i>	Yes	<input type="checkbox"/>
Are you familiar with and agree to abide by Playhouse's "Illness and Medication policy" <small>(a copy of this policy can be found in the Parent Info handout and on display in centre)</small>			<i>Tick One</i>	Yes	<input type="checkbox"/>
Do you understand that you will need to make alternative childcare arrangements if your child is unwell			<i>Tick One</i>	Yes	<input type="checkbox"/>
Do you agree that you (or an emergency contact) will promptly collect your child if they become unwell during the day			<i>Tick One</i>	Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
				No	<input type="checkbox"/>
				No	<input type="checkbox"/>
				No	<input type="checkbox"/>

Excursions:
<p>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.</p> <p>I give permission for my child to participate in these excursions YES / NO</p> <p>Parent Signature _____</p>
Does your child have any cultural/religious beliefs we need to be aware of?

Medicine	
<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:	
<div style="display: flex; justify-content: space-between;"> <div> ▪ Arnica <input type="checkbox"/> Yes </div> <div> ▪ Sunblock <input type="checkbox"/> Yes </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> ▪ First Aid Cream <input type="checkbox"/> Yes </div> <div> ▪ Stop Itch Cream <input type="checkbox"/> Yes </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> ▪ Insect Repellent <input type="checkbox"/> Yes </div> <div> ▪ Nappy Barrier Cream <input type="checkbox"/> Yes </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> ▪ Pawpaw Ointment <input type="checkbox"/> Yes </div> <div> ▪ </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div>Parent/Guardian Signature: _____</div> <div>Date: ____ / ____ / ____</div> </div>	

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Category (iii) Medicines

To be filled in if your child requires regular 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, teacher/student training purposes, newsletters, social media 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 etc

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

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. I also agree to collect my child without delay if they become ill while in care

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 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

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 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

A \$25 enrolment fee is payable when enrolling your child at Playhouse Early Learning Centre

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 all public/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: ____ / ____ / ____

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: ____ / ____ / ____						

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: ____ / ____ / ____						



Individual Child Development Record (parent page)

Child's name: _____ Date of birth: _____

Child's place in the family: ☐ of ☐

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

Any family interests/hobbies? (sports, activities etc):

Any other cultural celebrations?

Does your child have any allergies, dietary requirements or food preferences:

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

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

Does your child require any help with toileting?

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