

# Enrolment Agreement Form

## Little Explorers Preschool

71 Vivian Street, Burwood, Christchurch

PHONE: 03 383 1418

EMAIL: [littleexplorers@xtra.co.nz](mailto:littleexplorers@xtra.co.nz)

[www.littleexplorerspreschool.co.nz](http://www.littleexplorerspreschool.co.nz)



### 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:

Copy of official identity verification document\* collected by staff:

\*information about acceptable identity verification documents is available online at:

[www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).

New Zealand birth certificate

New Zealand Passport

Other \_\_\_\_\_

Foreign birth certificate

Foreign passport

**Staff initials:** \_\_\_\_\_

Child's date of birth: **dd / mm / yyyy**

Gender:

Male

Female

Child's primary residential address:

Postcode:

List child's ethnic origin/s:

List Iwi your child belongs to:

List language/s spoken at home:

### Child's Doctor:

Name:

Address:

Phone:

### 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)

### Dual Enrolment Declaration:

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Little Explorers

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

Date: **dd / mm / yyyy**

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

May 2015

<b>Parents / Guardians Details:</b>	
First Names:(relationship)	First Names:(relationship)
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
First Names:(relationship)	First Names:(relationship)
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
<b>Emergency Contact Details:</b>	
First Names:(relationship)	First Names:(relationship)
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
First Names:(relationship)	First Names:(relationship)
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
<b>Person/s who cannot pick up your child:</b>	
Name:	Name:
Name:	Name:

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

May 2015

**Person/s who can pick up your child:**

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

**Enrolment Details:**

Date of Enrolment: *dd/mm/yyyy* | Date of Entry: *dd/mm/yyyy* | Date of Exit: *dd/mm/yyyy*

**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:	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours:

**For 20 Hours ECE: fill out boxes below with the hours attested e.g. 6 = 6 hours**

20 Hours ECE at this service:	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours:
20 Hours ECE at another service:	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours:

Parent/Guardian Signature: \_\_\_\_\_ Date: *dd/mm/yyyy*

**20 Hours ECE Attestation:**

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?  Yes  No

Is your child receiving 20 Hours ECE at any other services?  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: *dd/mm/yyyy*

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**Health:**

Illness/allergies:

Is your child up-to-date with immunisations? (Please provide verifications of all immunisations)

 Yes  No

Immunisations record photocopied by Little Explorers and details recorded:

 Yes  No

Hearing/Vision Testing I give permission for my child to have their ears and eyes tested periodically by the visiting vision and hearing technician and for my contact information to be shared with them.

 Yes  No

I hereby give permission to the staff of Little Explorers, in the event of an emergency to seek any emergency medical practitioner at my expense.

 Yes  No

I give permission for my child to be taken to an alternative location in the event of an emergency. For example a civil defence post.

 Yes  No

I give permission for the centre to apply sunscreen to my child. (I will provide my own if required due to allergies)

 Yes  No**I will not bring my child to the centre in the event of sickness or any infectious illness and understand a doctor's certificate may be required prior to returning with some illnesses.**

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

Date: d d / m m / y y y y

**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?

 Yes  NoName/s of specific category (i) medicines that can be used on my child, **provided by service:**

- **Naturo Pharm or Natures Kiss Arnica**
- **Stingoes**
- **Sunblock, Banana boat kids, Smart 365 (30+)**
- 

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

Date: d d / m m / y y y y

**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 this child only.

Individual health plan completed and signed:

 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: d d / m m / y y y y

### Excursions and Photos:

**We will inform parents/guardians of all planned excursions that are further then walks around our immediate neighbourhood area as detailed in our excursion policy.**

I give permission for my child to take part in walks around our immediate neighbourhood with the teachers and parent help with a 1:3 child:adult ratio for nursery children, 1:4 child:adult ratio for 2 year olds and a 1:6 child:adult ratio for 3 year olds and older. (As detailed in our excursion policy)  Yes  No

I give permission for the centre to use photographs of my child on all parts of the preschool website, promotional and advertising  Yes  No

I give permission to the centre to upload photographs of my child to the secure log-in parents area of the website and private Facebook Group. (Not visible to the general public)  Yes  No

I give permission for the staff to make written observations of my child while participating in the programme, for the purpose of assessment, programme planning, documentation and displaying.  Yes  No

I agree to consult with centre staff prior to using ICT resources within the centre, this includes taking photos on any source.  Yes  No

I have read and agree to the centres cybersafety rules and responsibilities and allow my child to be part of the ICT learning programme.  Yes  No

When using any of the centres resources for documenting my children learning at home, I will ensure that it is appropriate for viewing. i.e. cameras, pen drives.  Yes  No

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

Date: d d / m m / y y y y

### Fees Structure:

**Little Explorers is open every day except Statutory Holidays and for the period between Christmas and New Year.**

The fee structure is displayed on the centre wall and provided to new parents in the enrolment pack.

Fees are invoiced on the Friday each week with five working days for payment.

2 weeks bond is payable on enrolment, this is refunded or used for outstanding debit when the child finishes.

2 weeks notice is require when decreasing attendance or finishing or two weeks fees will be required in lieu.

2 weeks holiday at 50% discount is available each year if 2 weeks written notice is given. Discount is not provided to children receiving 20 Hours ECE.

2 weeks "no charge" over the Christmas to New Year period each year. This "no charge" period is if the service is not used during this period. It is determined by management and released each year 2 months prior.

Late sessional pick-ups are charged at the standard centre hourly rates. After 5:30 pm late pick-ups are charged at \$15 for every quarter hour or part thereof, that your child is picked up late. For example 5:33 pickup = \$15 late fee. 5:42 pm pickup = \$15 late fee. 5:47 pm pickup = \$30 late fee. This is because we are legally required to keep 2 staff members working for a minimum of 15 minutes if a child is on the premises. Please note that Little Explorers is licensed to be open until 5:30 pm. We understand that accidents or emergencies happen but you can not be regularly late and just pay the late fee, other pickup arrangements will need to be made.

Full fees are required for sickness days.

Our preferred payment is direct debit or internet payments.

If Debt collecting agencies are used to collect any outstanding debt, their fee will be added onto the owing amount.

I have read and understand the fee structure and will comply with this.

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

Date: d d / m m / y y y y

**Other information:**

- **Parent Information Book:** Please ensure you have read the information in the parent information 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. Please ask staff if you have any questions.
- **Nappies and Wipes:** Parents must provide all the nappies and wipes required for their child's day. Children using material nappies must have a disposable liner in all nappies.
- **Food Donations:** Little Explorers requests fruit donations towards the morning and afternoons teas
- **Other Donations:** Any resources, i.e. magazines, newspaper or toys that are donated or brought into the centre must be checked by a staff member for safety to children especially if they contain inappropriate pictures or are dangerous.
- **Policy Statement:** Little Explorers has a number of policies that set out the procedures that are in place for the care and education of children who attend. These can be found in the 'Operations Manual' which is kept in the main entrance in the shelving unit. We strongly urge you to read these. The signing of the enrolment agreement form indicates that you will abide by the policies of this service and understand how you can have input to policy review.
- **Personal items:** Each child requires a change of clothes (weather appropriate) in their bag and a sunhat in summer. All items possessions must be clearly named.
- **Emergency Situation:** In a group emergency situation parents will be contacted by email or facebook or if preferred being contacted by a cell phone text please inform the supervisor. In individual emergency situations the staff will contact parents directly by phone.

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

Date: d d / m m / y y y y

**Privacy Statement:****All personal information on your child will be kept securely and remain confidential.**

We are collecting personal information on this enrolment form for the purpose 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](http://www.minedu.govt.nz/parents)

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

Date: d d / m m / y y y y

**Parent Declaration:**

I declare that all the above information is true and correct to the best of my knowledge

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

Date: d d / m m / y y y y

**Service Declaration:**

On behalf of Little Explorers Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

Date: d d / m m / y y y y

<b>Change of Days/Times of Enrolment:</b>						
Effective Date of Change: d d / m m / y y y y						
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May 2015