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| **ENROLMENT AGREEMENT – Over 3 years 2024** |
| Child’s **official surname** or **family name**: |
| Child’s **official** **first or** **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: Give name: |  |
| Copy of official identity verification document collected by staff: |
|  New Zealand birth certificate  New Zealand passport Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Foreign birth certificate Foreign passport**Staff initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 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: Hm Phone: |
| **Privacy Statement:** |
| All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject). Additionally, all Privacy statements must include the exact wording below:Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:• for funding allocation purposes• for monitoring purposes• to allow the assignment of a National Student Number\* to your child, and• to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilitiesunder the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.\* A National Student Number is a unique identifier for your child within the education system. You can find moreinformation about National Student Numbers and what they are used for at: <https://www2.nzqa.govt.nz/login/national-student-number-nsn/> |
| Our centre uses an online platform called Infocare Solution as our childcare management software. It is a secure cloud-based software. * I have read the above privacy statement.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parents / Guardians (living with the child):** |
| 1. **Primary care giver:**
 |  |
| **Title: Mrs Ms Miss Mr**  | **Title: Mrs Ms Miss Mr** |
| **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: |
| Occupation: | Occupation: |
| Relationship to child: | Relationship to child: |

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| **Additional person/s who can pick up your child and is an emergency contact:** |
| **Title: Mrs Ms Miss Mr** | **Title: Mrs Ms Miss Mr** |
| **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): |
| Relationship to child: | Relationship to child: |

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| **Additional Emergency Contacts (also able to pick up child) other than those named above:** |
| **Given names:** | **Given names:** |
| **Surname / family name:** | **Surname / family name:** |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Relationship to child: | Relationship to child: |

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| **Custodial Statement** |  |
| Are there any custodial arrangements concerning your child? |  |
| If **YES**, please provide a copy of any custodial arrangements or court orders. |  |
| **Person/s who cannot pick up your child**: |  |
| Name: | Name: |  |

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| **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 |  |  |
|  |
| 1. 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **Enrolment Details:** |
| Date of Enrolment: \_\_\_ /\_\_\_ /\_\_\_ |  Date of Entry: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |  **(Office use only)** 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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|  | **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 Tuakau's Little Stars Early Childhood Centre.  |  |  |  |
|  | Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |  |  |  |
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| **Child’s Doctor** |  |  |  |
| Name of Doctor:Medical Centre: Contact Phone Number: |  |  |  |

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| **Health** |  |  |
| Illness/allergies:Special diets. |  |  |
| Is your child up-to-date with immunisations? (Please provide verification) | *Tick One* | Yes |  | No |  |  |  |
| **For staff:** Immunisation records sighted and details recorded:  | *Tick One* | Yes |  | No |  |  |  |

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| **Sickness, Accidents and Medication** |
| * **I will not bring my child to the centre while sick or suffering from infectious diseases. More information is in the parent handbook** [**www.tuakauslittlestars.co.nz**](http://www.tuakauslittlestars.co.nz)**.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * I understand that my child can become sick or have an accident while at the centre and I may be contacted to collect my child.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * I authorise teachers to provide first aid in the event of sickness or accident, or to seek medical advice as the centre deems necessary in the child's best interest.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Medicine**A category (i) medicine is a non-prescription preparation (such as arnica cream, 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. Name/s of specific category (i) medicines that can be used on my child, provided by service:* Arnica Cream, Anthisan, Savlon

Do you approve category (i) medicines to be used on your child? *Tick One* **Yes No** 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: 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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| **Other information** |
| * **I agree to pay my fees at the prescribed rate, one week in advance. I understand fees are payable for sicknesses, absences and public holidays. I understand that if my fees are unpaid the account will be forwarded to a debt collection agency for collection, and their fees forwarded to you for payment**.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Optional Charges:**The centre does not have optional charges, in relation to fees.  |
| * I will give at least one week's notice before withdrawing my child from the centre.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * I give permission for my tamariki to participate in short walks in the vicinity, visits to the local parks and library in accordance with the Education (Early Childhood Centre) Regulations 2008. Ratio is: Over two years: 1 adult to 4 tamariki. Under two years: 1 adult to 2 tamariki. Further information is in the centre booklet which is available on our website. [www.tuakauslittlestars.co.nz](http://www.tuakauslittlestars.co.nz)

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * I authorise the centre to take photos/video of my child while at the centre for, planning and assessments, wall displays, in the children's portfolios, selected competitions and occasional use in the local paper. We do not post photos of our children’s faces on our website or on social media.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * I understand that any photos/video taken at the centre or on a centre outing by myself, any member of my family/whanau or designated adult must be of my child only.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * I give permission for the centre to apply sunblock ‘Cancer society SPF50+’.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OR**I will provide sunblock for my child.* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| I give permission for the centre to apply nappy rash barrier “Sudocrem or Zinc & Castor oil” if required.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OR**I will provide nappy rash barrier for my child in a named container.* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * I am committed to the health and safety of all children and adults within the centre. I will ensure that I do not bring in or expose the children or staff to inappropriate or harmful substances/materials.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| * I understand there are hazards within the centre to myself such as trip hazards and slip hazards.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * I understand the information contained in this form can be changed at any time, and will be reviewed annually. This form will be held within the centre for the relevant time fame for the retention of financial records.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * I have read the parent information booklet located on our website and accept and agree to the conditions therein. [www.tuakauslittlestars.co.nz](http://www.tuakauslittlestars.co.nz)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Tuakau’s Little Stars 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.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Food Guidelines:

As of the 25th January new food eating guidelines, created by the Ministry of Health and the Ministry of Education have come into effect, “Reducing food-related chocking for babies and young children at early learning”. A copy of the guidelines is available in the whānau folder in Big Stars, or can be downloaded from our website [www.tuakauslittlestars.co.nz](http://www.tuakauslittlestars.co.nz).There are four key features which we need to follow.1. Children are supervised and seated while eating.
2. There is an adult present at all times (for every 25 children attending) that must hold a first aid qualification.
3. Where food is provided by parents, we (Tuakau's Little Stars) MUST promote best practice as set out in the guidelines and MUST provide to all parents a copy of this document.

The link for the guidelines is above or can be found on our website. www.tuakauslittlestars.co.nz1. Where food is provided by the service, we MUST follow the guidelines. When we provide food within our curriculum practices and learning experiences (such as cooking, science, food grown within our centre) we MUST follow the guidelines.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| ** Statutory Holidays / Term Breaks** |
| This enrolment agreement is inclusive of school term breaks. |
| Tuakau’s Little Stars will be closed during the Christmas Holiday period. Notification of the exact closing dates will be given when they are set for the year. During this closure fees are not payable. |
| Tuakau’s Little Stars is closed on the following public holidays:Auckland Anniversary, Waitangi Day, ANZAC Day, Good Friday, Easter Monday, King’s Birthday, Matariki, Labour Day. During these closures fees are payable. |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| ** Parent Declaration** |
| I declare that all the above information is true and correct to the best of my knowledge. |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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**OFFICE USE ONLY**

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| ** Service Declaration** |
| On behalf of Tuakau's Little Stars, I declare that this form has been checked and all relevant sections have been completed. |
| Service Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

Infocare entered:

Infocare acct number:

Contact information checked with parents (Annually) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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