

# TAUPO CHILDRENS CORNER

## 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**:

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:     /     /

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

\* 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).

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

**verification**

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

<b>Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
<b>Parent/Guardian Signature:</b>	<b>Parent/Guardian Signature:</b>
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Relationship to child:	Relationship to child:
Phone (Mobile):	Phone (Mobile):
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

<b>Telephone Consent:</b>	
May the centre accept your phone consent to unlisted persons of your choice collecting your child?	
Tick One: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

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

<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

<b>Additional Emergency Contacts (also able to pick up child):</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

<b>People Visiting</b>				
<b>Open Door Policy</b>				
We have an open door policy where we welcome family and whanau to come and visit occasionally and see what your child does here at our centre.				
Are there any friends, family or whanau that you would prefer not to come and visit your child during normal centre hours?				
<table border="1"> <tr> <td>▪</td> <td>▪</td> </tr> <tr> <td>▪</td> <td>▪</td> </tr> </table>	▪	▪	▪	▪
▪	▪			
▪	▪			
Parent/Guardian Signature: _____ Date: ____/____/____				
<b>Child's doctor:</b>				
Name: _____ Phone: _____				
Name of medical centre: _____				

<b>Health</b>
Does your child have any allergies/reactions to food or medication?

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

Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have grommets?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
In the event of any illness, medical condition or accident, or where my child's health may be at risk, I authorise the staff to seek appropriate professional or medical advice or treatment, as they consider necessary for the best interests of my child.	
<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
In the event of serious accident or illness I give permission for the person in charge to take appropriate action and I will meet any costs incurred.	
<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
I agree not to bring my child to the centre when he/she is suffering from any infectious disease as stated in the Ministry of Health guidelines. I will not bring my child into the centre if he/she has vomited or had diarrhoea in the last 48 hours. (Refer to sick Child Policy for more details)	
<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>I understand that in the event of illness, if requested by staff, I, or a person appointed by myself, must collect my child within the hour.</b>	
<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian Signature: _____ Date: ____/____/____	
I will notify the centre if my child is to be absent, before the booked session, especially if my child has contracted an infectious illness. (Refer to the payment policy)	
<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian Signature: _____ Date: ____/____/____	
Should head lice be noticed on my child I will administer appropriate treatment eliminating all traces before returning my child to the centre. (Refer to the Head lice Policy)	
<i>Tick One</i> <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian Signature: _____ Date: ____/____/____	
<b>Medicine</b>	<b>Category (i) Medicines</b>
A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment, paw paw cream, nappy rash cream) 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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
▪	▪
Parent/Guardian Signature: _____ Date: ____/____/____	

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

**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:

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

**◆ 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 **Taupo Childrens Corner**.

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

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

**◆ Enrolment Details:**

Bond Paid : \$ \_\_\_\_\_  
(1 weeks fee)

Profile Book Paid: \$ \_\_\_\_\_

Date of Enrolment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Entry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 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	Total hours:
Times Enrolled:						

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

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

### ◆ 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ◆ Optional Charges:

1. The optional charge is for:

- Sunscreen lotion, baking and TCC hats.
- Extra staff wages over and above minimum requirement.
- Some trips and visits by entertainers.

2. I understand that if I agree to pay for the optional charge, **Taupo Childrens Corner** may enforce payment.

3. The agreement to pay the optional charge will last until your child leaves Taupo Childrens Corner.

4. The rules about making changes to the agreement are: (you must give the parent reasonable opportunity in which to change their mind):

- Taupo Childrens Corner will give reasonable opportunities for parents to review their decision regarding optional charges.
- Either party may initiate a change to the agreement, but both parties must agree on the changes.

5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I **agree/do not agree** (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

### ◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Taupo Childrens Corner is closed for statutory Holidays.

The centres are generally closed over the Christmas period for a maximum period of two weeks. The dates will be confirmed at the beginning of each December if not earlier.

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

**Required information for licensing purposes:**

**Excursions:** I give consent for my child to be taken on supervised walks from the centre with a senior teacher and other teachers or parents/whānau or caregivers, (under the conditions stated in the service's excursions policy). When travelling by motor vehicle, signed permission is required and I will pay any additional charges as required to cover costs.

Tick One Yes  No

**Observations:** As part of the child's daily programme within Taupo Children's Corner, I agree to my child being observed both formally and informally for Individual Development Planning and Profiles. In addition to this I give permission for students, as part of their training, to undertake written observations that do not identify my child.

Tick One Yes  No

**Photo/video:** Learning stories are the process by which children's individual programmes are planned. Photographs of children are taken to support this process. I agree to my child being photographed and their photo being used; in other children's profiles; being displayed around the centre; being displayed in the community; used in promotional material, eg: editorials, advertising in the newspaper or other publications, centre pamphlet.

Tick One Yes  No

**Dropping off and collecting of children:** I agree to sign in and out in the daily attendance roll book, my child's arrival and departure at the centre. On each occasion, when any person (other than myself) will be collecting my child I will notify the centre supervisor of a senior staff member. I am responsible for ensuring that my child gets to and from the centre safely.

Tick One Yes  No

**Web site:** I give permission to display my child's photo/video on the Taupo Children's Corner web site.

Tick One Yes  No

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

**Face Book:**

**Face book:** I give permission to display my child's photo/video/art work on the Taupo Children's Corner *open* face book page. The face book page is to share with our immediate families, their extended family and friends and our community what we have been doing in our environment. Daily routines, centre celebrations and annual events.

Tick One for your child being in photo's Yes  No

Tick One for your child being in video's Yes  No

Tick One for your child's art work Yes  No

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

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

## Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Taupo Childrens Corner 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 Book:** Please ensure you have read the information in the parent handbook 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.
- **Absence and fees:** Taupo Childrens Corner charges a 50% retainer fee for when the centre is informed that your child is absent, if your child is absent without the centre being informed you will be charged full fees. (Refer to our policy – Table of fees and conditions)
- I understand that if I remove my child over the Christmas period or school holidays or at any time without payment, their place within the centre may be forfeited.
- If my child attends part time I am able to do make up days for absences providing that the centre has a space available and this occurs within the same week at the same hours booked.
- I understand that if I show a pattern of repetitive absences or differing attendance times to be booked times then it may be necessary to change the booked times to agree with the actual attendance times.

### ◆ Parent Declaration

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

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

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

### ◆ Service Declaration

On behalf of **Taupo Childrens Corner** 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	Total
Times Enrolled:						

### 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.



<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
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.

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
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.

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
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.

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below</b>						
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.