

Enrolment Agreement Form

To be completed by Parent(s)/Guardian(s).

Please complete all sections, read the Terms & Conditions and fee schedule



Child's Details

Reference Code: _____ NSN No#: _____

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: _____

Child's Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.

Official Identification document/s sighted 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: _____

Language/s spoken at home: _____

Child's primary residential address:

Post Code:

Office Use only [please tick] Current Enrolment Waiting List

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 means the requirements of that Act (see Principal 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 Ministry or Secretary of Education to exercise any of their other powers or responsibilities under 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 more information about National Student Numbers and what they are used for at [National Student Number \(NSN\)](#)

>>>NZQA

Early childhood services can find out more information about NSN assignment – including acceptable identity certification documents – at: National Student Number (NSN) – Education in New Zealand

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

Parent/ Guardian Details

All account information will be sent to this person	
First Name: Last Name: Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr (tick one) Relationship to child: _____ Address (if different from child): _____ Phone: _____ Evening Phone: _____ Mobile Phone: _____ Email Address: _____ Occupation: _____ (Optional)	First Name: Last Name: Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr (tick one) Relationship to child: _____ Address (if different from child): _____ Phone: _____ Evening Phone: _____ Mobile Phone: _____ Email Address: _____ Occupation: _____ (Optional)

Emergency Contact (or additional person/s authorised to pick up your child) required

Surname:	Surname:
First Name:	First Name:
Relationship to Child:	Relationship to Child:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Email Address:	Email Address:
Residential Address	Residential Address

Custodial Statement

Are there any custodial arrangement concerning your child? Yes No

If Yes, please give details of any custodial arrangement or court orders (a copy of any court order is required):

Person(s) who can pick up your child (In addition to above contacts)

1. Name and (relationship): _____ Phone no#: _____

2. Name and (relationship): _____ Phone no# _____

Person(s) who cannot pick up your child

1. Name: (relationship): _____

2. Name: (relationship): _____

Medical Information

Child's Doctor: _____ Telephone No: _____
Name of Medical Centre: _____
Address: _____ _____

Health

Does your child have any illness or allergies? Yes No

If answered Yes, please specify (Please provide verification from doctor):

Is your child's immunisation up-to-date? (Please provide verification) Yes No

Does your child have specific dietary requirement? Yes No

If answered Yes, please specify: _____

For Staff Immunisation record sighted and details recorded Yes No

If teachers need to access emergency medical assistance, is there any information they should know about your child?
(e.g. no blood transfusions)

Medication

Category (i) Medicines

Category (i) medicines is a non-prescription preparation (such as arnica cream, antiseptic liquid) that is not ingested, used for the “first aid” treatment of minor injuries and provided by Merryland and kept in the first aid cabinet.

Do you approve category (i) medicines can be used on your child when necessary?

Please circle for each medication

Arnica Cream- Nature’s Kiss Arnica Cream	Yes	No
Papaw Ointment- Lucas’ Papaw Ointment	Yes	No
Antiseptic Cream- Bepanthen Antiseptic soothing Cream	Yes	No
Sunscreen- Cancer Society SPF 50	Yes	No
Insect bite treatment- Anthisan	Yes	No
Plasters- First Aid Plasters	Yes	No

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Category (ii) Medicine

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops, paracetamol) medicine that is used for a specific period of time to treat a specific condition or symptoms, provided by a parent for the use of that child only.

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) medicine is to be given.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Category (iii) Medicine

Category (iii) Medicine is a prescription (such as asthma inhalers, epilepsy medication) or non-prescription (such as antihistamines syrup) medicine that is: used for the ongoing treatment of a pre-diagnosed condition (such as Asthma, allergic reaction, diabetes, eczema); and provided by the parent for the use of that child only (such as zinc and castor oil ointment, lanoline cream).

Does your child require an individual health plan for an on-going condition? Yes No

If Yes:

For Staff: Individual health plan sighted, and copy taken Yes No

Name of Condition: _____

Name of Medicine: _____

Method: _____ Dose: _____

When does the medication need to be taken: (State specific time or symptoms):

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Enrolment Details

Date of Enrolment: ___/___/___ Date of Entry: ___/___/___ Date of Exit: ___/___/___

Please note: 20 Hour 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: ___/___/___

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 service?

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 decision 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: ___/___/___

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 Merryland Childcare Centre.

Parent/Guardian Signature: _____ Date: ___/___/___

Optional Charges:

If you request *Optional Charges*, this agreement must be included as part of your service's *Enrolment Agreement Form*.

For further information on *Optional Charges* please refer to Chapter 4 of the *Early Childhood Education Funding Handbook*.

1. The optional charge is for: (give details of specific activities or items, and their costs)

- Planned Excursions (\$10 per child)
- Educational Visitors to the Service (\$5 per child)

2. I understand that if I agree to pay for the optional charge, Merryland Childcare Centre may enforce payment.

3. The agreement to pay the optional charge will last for: 12 months.

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

- Parent/ Guardian will be given one month's notice of any agreement 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.

Merryland Childcare Centre is **not** open on public holiday.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Mau Te Huruuru Ka Rere Te Manu

Consents

NOTE: WE DO NOT ALLOW PHOTOGRAPHY BY PERSONNEL OTHER THAN MERRYLAND CHILDCARE STAFF AND WITHOUT SPECIFIC PERMISSION (Please Circle One)

1) Photography and documentation:

- Merryland Childcare teachers may feature your child in a photo or short video for centre programme development planning, general wall displays, individual or group learning portfolios, observations, assessments, evaluation and centre newsletters. YES / NO
- Your child may also appear in another child's learning portfolio as either part of a group learning story or group photo or in the background of another child's photographs YES / NO
- Do you give permission for your child to be featured for the above purpose? YES / NO
- Do you give consent to use a photo or video containing your child for the purpose of promotional purposes on the Merryland website and Social Media (Facebook, Twitter, Instagram etc) YES / NO
- Do you agree your child's learning journey through photos, videos and learning stories being documented and available on Story Park YES / NO

2) Regular Excursions

- Do you give permission for your child to be taken on impromptu walks by teachers in groups (Our ratios for Under 2's is 1:2 and for the over 2's is 1:4.) YES / NO

3) Health Checks

- Do you give permission for standard vision, hearing and health checks for your child that are undertaken by a Health professional visiting the centre? YES / NO
- Do you give consent for the results of these health checks to be discussed with your child's teacher if necessary? YES / NO

Other relevant enrolment information

- **Policy Statement:** Merryland Childcare Centre has a number of policies that set out the procedure 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 form indicates that you will abide by the policies of this service and understand how you can have input to policy review. We welcome your feedback and suggestions on improving our policies at any time.
- **Parent Information Leaflet:** Please ensure you have read the information in the parent handbook as it covers such things as medical information and ways in which we can help you and your child settle into the centre, daily routines etc.

Fees:

- I understand that the fees will be paid for my child for 365 days even if he/she is absent from the centre for due to some illness and for public holidays.
- I agree to pay all childcare fees one week in advance, if any outstanding debt is longer than 30 working days.
- I understand that it will be passed on to debt collectors with the recovery charge added to the debt. Identification evidence required upon enrolment for debit collection purposes only.

Parent Signature: _____

Date: _____

Parent Declaration

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

Parent/ Guardian signature: _____ Date: ____ / ____ / ____

For office use only

- | | |
|---|---|
| <input type="checkbox"/> Enrolment Form | <input type="checkbox"/> Immunisation Record |
| <input type="checkbox"/> Staff Notified (illness/allergies) | <input type="checkbox"/> 20 Hours Attestation |
| <input type="checkbox"/> Start Date | <input type="checkbox"/> WINZ Form |
| <input type="checkbox"/> Child's Identity Verification | <input type="checkbox"/> Parent's Identity Verification |
| <input type="checkbox"/> Story park Consent Form | |

Payment Method

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Eftpos |
| <input type="checkbox"/> Direct Debit | <input type="checkbox"/> Internet Payment |

Our Bank Account Number : 02 – 0108 - 0447218- 000

(please use child's full name and reference number on Invoice for payments)

Service declaration

On behalf of Merryland childcare centre, I declare that this form has been checked and all relevant sections has been completed,

Service Provider Signature: _____ Date: ____ / ____ / ____