

Application is made for the enrollment of:

Child's full legal name: _____

Preferred name: _____ Date of Birth: ____ / ____ / ____

Male Female

Siblings: _____

Home Address: _____

Invoice to: _____

Child Ethnic Identity: _____ Iwi Affiliation: _____

Languages spoken at home: _____

Mother's/Guardian's name: _____

Home address: _____

Home Phone: () _____ Cell Phone: () _____

Employer: _____ Phone: () _____

Date of Birth: ____ / ____ / ____ Email address: _____

Father's/Guardian's name: _____

Home address: _____

Home Phone: () _____ Cell Phone: () _____

Employer: _____ Phone: () _____

Date of Birth: ____ / ____ / ____ Email address: _____

Auckland's Best Employee Yes No

Emergency contact people / people authorized to collect children

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Note: No child will be given permission to leave the centre unless the person collecting the child is noted on this form OR written letter AND previous verbal instruction is provided by the child's legal guardian and presented to the Centre Manager or Head Teacher.

ATTENDANCE – HOURS AND DAYS

Please note: 20 Hours ECE is for up to six hours per day, up to 20 hours per week for qualifying children and there must be no compulsory fees when a child is receiving 20 hours ECE funding.

Date of enrolment: ____/____/____ Date of entry: ____/____/____ Date of exit: ____/____/____

Full time enrollment						
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Time enrolled e.g. 9am – 5:30pm. Minimum of 6.25 hours for over 3 year olds, no minimum for under 3's						

OR

Sessional enrollment –						
Sessions Selected (Please Tick) <input checked="" type="checkbox"/>	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Morning Session	7:30 – 12:30	7:30 – 12:30	7:30 – 12:30	7:30 – 12:30	7:30 – 12:30	25
OR						
Afternoon Session	13:00–18:00	13:00–18:00	13:00–18:00	13:00–18:00	13:00–18:00	25

20 ECE Attestation - Over 3 year old only						
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
For over 3 year olds claiming 20 hours ECE, fill out the boxes below with the hours attested. A maximum of 6 hours can be claimed each day, to a maximum of 20 for the week. Usually the total weekly hours (max 20) will be evenly divided for each day attended.						
20 Hours ECE at this service						
20 hours ECE at another service						

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

Change of Dates / Times of Enrolment:

A change of enrollment booking form must be filed with the centre for any change in days or times booked or 20 ECE attestations. Please see centre staff for a change of enrollment form.

FEES

I agree to pay fees in advance in accordance with the centre’s fee schedule for the time booked or attended.

I understand that my child must attend the hours I have applied for. I agree to pay fees as per the fees schedule for the time booked whether my child attends or not, including statutory holidays and sick days, except for hours attested as 20 hours ECE

Please note: Auckland’s Best childcare Centre is not open for statutory holidays.

I agree in the event of fees being in arrears I acknowledge a late payment fee and/or interest will be charged in accordance with the then current fees schedule issued by the centre and that all debt collection costs will be charged in addition to fees, interest and late payment charges. Late payment of fees may result in my child’s space being cancelled and all debt collection fees payable by me. (Refer to the fees schedule and the terms and conditions).

I agree, in the event of nonpayment of my account that the full details of my enrolment and any relevant information may be forwarded to a collection agency for the purpose of collection of outstanding fees.

I agree to pay a late pick-up fee if my child/ren is/are left at the centre outside booked hours. Refer to fees schedule and terms and conditions.

I agree to give 2 weeks advance written notice when cancelling my child's booking in accordance with the centre's policy.

Information provided by parents/guardians on this enrolment form is required for statistical purposes, to ensure contact in an emergency and to facilitate individual care and attention for your child. It is strictly confidential to Auckland's Best Childcare Centre and follows the principles of the Privacy Act 1993. (If requested it must also be made available to Government Departments).

Where this agreement is signed by more than one person, we agree that we jointly and severally are liable for all fees and other costs.

OPTIONAL CHARGES

Auckland's Best Childcare Centre does not request optional charges from parents.

TERM BREAKS / STATUTORY HOLIDAYS

This enrolment agreement is inclusive of school term breaks. Auckland's Best childcare Centre does not operate on statutory holidays. Fee amounts are based on a permanent booking and have been spread equally across all the weeks in the year; this means the fee payable does not change for weeks with a statutory holiday or closure over christmas

WORK AND INCOME CHILDCARE SUBSIDY

I am applying for a Work and Income childcare subsidy prior to my child starting at this centre. Yes No

I understand that even if eligible for a Work and Income childcare subsidy I am responsible for paying my fees in full until my subsidy is approved.

I also understand that I am responsible for any fees not covered by my subsidy.

I am responsible for ensuring Work and Income are kept informed of any changes that may affect my subsidy.

Any over payment made by Work and Income will not be offset against any outstanding balance or paid out to the person responsible for payment of fees.

I confirm that I have made full application for a subsidy prior to my child's starting at the centre.

Date of application of subsidy: _____

PARENT DECLARATION: I declare that I understand my responsibility for fees as per above and the information I have provided is True and Correct.

Where this is signed by more than one person, we agree that we jointly and severally are liable for all fees and other costs.

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

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

CUSTODIAL STATEMENT

Do both parents have day to day care of the child? Yes No

If No, are there any parenting orders (custodial arrangements) concerning your child? _____

Names of any persons who are forbidden to have any contact or restricted contact to this child. (Please note: a court order needs to be sighted and a copy held on file for our centre to prohibit a parent / guardian for collecting his/her child).

Name: _____ Court order on file? Yes No

Name: _____ Court order on file? Yes No

20 HOURS ECE ATTESTATION

Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this service? Yes No

Is your child receiving 20 Hours ECE at any other service? Yes No

If yes to either or both of the above, please sign to confirm:

- Your child does not receive more than 20 hours of 20 hours ECE per week across all services.
- You authorize 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 section.

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

HEALTH

Child’s Doctor: _____ Contact Number: _____

Doctor Location: _____

In the unlikely event of a medical emergency, I understand my child will be given basic First Aid by the centre staff and if necessary taken to hospital in an ambulance. Parents of a contact person will be notified immediately.

Any child with a fever, rash, sticky eyes, diarrhea, or vomiting is required to stay home until 24 hours after symptoms settle. *(See exclusion due to illness policy).*

I am aware of the health related policies, and have been informed of these by the centre management. Yes No

I give permission for my child’s head to be checked for head lice by the centre supervisor or head teacher and I am aware that in the case of my child having head lice, s/he may be asked to stay home until treated. Yes No

I give permission for centre staff to apply a N.Z. approved sun block, insect repellent, and zinc to my child Yes No

Does your child have any specific dietary requirements / allergies? Yes No

Please specify: _____

I consent to vision, hearing and tympanometry tests, for my child and consent to the results of these tests being discussed with my child’s teacher and Centre Management if necessary. Yes No

Does your child have any special difficulties that the centre should be aware of? _____

Does your child have any chronic illness / conditions? Yes No

If yes, what are the implications or actions to be followed in relation to this illness / condition? _____

Has your child had all immunizations to date? Yes No

Please note that you are not required to have these up to date, however in the event of an outbreak of a serious communicable illness your child may be excluded from the centre under the direction of a Medical Officer of Health if they are not up to date).

I have shown the supervisor a copy of my child’s immunization certificate. Yes No

MEDICATION

The centre will administer medication to your child. For safety reasons, medication must be within the expiry date, and if prescribed by a doctor, it must have the correct child’s name on it. All medication administered must be signed in the medication register by a parent or guardian. No medication will be administered without the correct authorization. *(See Medication of children Policy).*

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) preparation that will be used.

Do you wish category (i) medicines to be used on your child? Yes No

Names of specific category (i) medicines provided by the service that can be used on my child: _____

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, diabetes etc. and is for the use of that child only.

Individual health plan completed and signed:

Yes No

Please note if yes that you will also be required to complete a medication register category 3 form which forms part of an individual health plan for your child.

Name of medicine: _____

Method and dose of medication: _____

When does the medication need to be taken? (Time, symptoms, circumstances): _____

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

INCIDENTAL WALKS / LOCAL OE REGULAR EXCURSION PERMISSIONS

As part of our programme to support children's strengths and interests, on occasions we may take children on spontaneous short local walks or regular excursions. The adult ratio will be no less than regulated rations for each excursion. In order for your child to participate we need you to sign permission that you agree to these adult: child ratios: 1:2 near water; 1:3 for infants aged up to 2 years and 1:4 for children over 2 years.

(Refer Excursion policy). I give permission for my child to be taken in short walks and regular excursions.

Yes No

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

PERMISSION TO ATTEND OTHER CLASSROOMS

To ensure our teacher child ratios are kept accurate at all times of the day your child may need to join other classrooms with the licensed premises between the licensed hours of operation. I give permission for my child to attend other classrooms as required.

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

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 Auckland's Best Childcare Centre.

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

PARKING AND ESCORTING

I agree that when dropping my child off at the centre I will park in the area designated as suitable by centre management and escort my child into the building and advise a senior staff member of my arrival before leaving my child in the centre's care. I will advise a senior staff member before taking my child from the centre. I understand and accept that it is a condition of enrolment that children driven to and from the centre must travel in an approved children's seat or restraint in accordance with traffic regulations.

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

EVACUATION PROCEEDURE

Auckland's Best Childcare Centre has special licensing restrictions related to an emergency evacuation procedure. I confirm that the centre staff have explained the evacuation process to me in detail including the assembly process, communication protocols, exit points, outside gathering areas and bespoke technologies used. I understand that infant children not yet capable of walking may be transported out of the building in a special purpose evacuation device designed to be worn or pushed by an adult to hold infants. While every effort is made to ensure children's comfort during an emergency evacuation, speed and safety will take precedent over the child's immediate comfort. I am further satisfied with the evacuation process as it has been explained to me.

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

THE PRIVACY ACT

The privacy act which came in force on 1 July sets standards for the collection, storage and use of personal information. In particular the Privacy Act 1993 requires Auckland's Best childcare Centre to:

- Collect personal information directly from parents themselves regarding their child/ren and family situation.
- Inform you of the reason why the personal information is being collected.
- Obtain you approval of the proposed uses of the information.
- Give you access to the personal information held about you.
- Give you the opportunity to update information regularly.

The personal information we ask you to provide on your enrolment form is required to enable Auckland's Best childcare Centre to enroll your child in our programme, provide the best possible care and education for your child, and to observe and monitor your child's progress to encourage all areas of development. The personal information we ask you to provide in your application for enrolment of your child is required to ensure that Auckland's Best childcare Centre meets the terms of licencing requirements with the Ministry of Education.

All those within our centre who have access to your personal information are bound by the terms of their employment to keep that information confidential. The security of the personal information we provide to the Ministry of Education is safeguarded by the protocol which our centre has entered into with the Ministry. The personal information you supply is held for 7 years by our centre. We also use personal information in aggregate form for a variety of statistical research purposes but in doing so it always ensures that no individual can be identified.

If you have any questions about the privacy of your personal information, please contact centre management.

Please sign below, verifying that you have read and understand the above information that relates to records kept by this service.

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

PRIVACY PERMISSION

I give permission for my telephone number to be made available to other parents. Yes No

I understand observations will be completed on my child by Auckland's Best Childcare Centre teachers to assist in planning a programme to meet the needs of my child and the group. I understand that I am able to view these at any time. Yes No

I give permission for my child to be photographed for centre display, management notice boards and to be included in other children's portfolios where applicable. Yes No

I understand that observation will be completed on my child by early childhood Education students in the course of their training. These observations will not include that child's name and copies will be forwarded to parents on request. Yes No

I agree to my child be photographed for advertising and promotional materials for the centre. Yes No

I agree to my child be photographed by other centre parents in special occasions (i.e. Birthdays, excursions) Yes No

I agree that if I take any photos/videos at the centre or on special occasions that include other children other than my own, I will not post these on any special networking sites such as Facebook, twitter, bebo, etc. Yes No

ENROLMENT RIGHTS

I understand that acceptance of enrolment of my child at Auckland's Best childcare Centre is in no way assurance of continued enrolment of the time indicated or under the terms and conditions effective at the time of enrolment. I understand that if I am to enter into direct competition with this centre I will immediately withdraw my child from this service.

Policy Statement: Auckland's Best Childcare 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 for indicates that you will abide by the policies of this service, and understand how you can have input to policy review.

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 Auckland's Best Childcare Centre, I declare that this form has been checked and all relevant sections have been completed.

Management Signature: _____ Date: ____/____/____