

| | | | | | | |
|---|-------------------|---------|-----------|----------|--------|------------------------|
| If not, what is the main language spoken at home: | | | | | | |
| Can your child understand greetings and simple instructions in English?: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| Child's date of birth: | | | | | | |
| dd / mm / yyyy | | | | | | |
| ◆ Enrolment Details: | | | | | | |
| 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. | | | | | | |
| Enrolment times must be between 7am and 6pm. | | | | | | |
| Preferred Start Date: | _____/_____/_____ | | | | | |
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | Total number of hours |
| Times Enrolled *** see note above *** | | | | | | |
| Parent/Guardian Signature: _____ Date: ___/___/___ | | | | | | |
| For 20 Hours ECE fill out boxes below with the hours attested | | | | | | |
| 20 Hours ECE at this service | Monday | Tuesday | Wednesday | Thursday | Friday | Total number of hours: |
| 20 Hours ECE at another service | | | | | | Total number of 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? | | | | | | |
| <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| 2. Is your child receiving 20 Hour ECE at any other services? | | | | | | |
| <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| If yes to either or both of the above, please sign to confirm that: | | | | | | |
| <ul style="list-style-type: none"> ▪ 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: |
| <i>This service does not request Optional Charges.</i> |
| ◆ Statutory Holidays / Term Breaks |
| This enrolment agreement is inclusive of school term breaks. The service is closed on all statutory holidays. |
| ◆ 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 Rise and Shine Childcare |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____ |

| |
|---|
| ◆ Privacy Statement: |
| <p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>We will use and disclose your child's information only in accordance with the Privacy Act 2020. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.</p> <p>Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for you child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.</p> <p>You can find more information about national student numbers at: eli.education.govt.nz</p> <p>*information about acceptable identity verification documents is available online at eli.education.govt.nz</p> <p>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p> |



Childs Name:

ENROLMENT AGREEMENT FORM – PART 2

Fees:

Person Responsible for Payment of Fees:

First Names:

Date of Birth:

Surname:

Relationship to Child:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

1. In signing this enrolment form, I agree to pay fees on the basis of the Fee Schedule current at the time and in accordance with the Fee Payment Practice of the Centre.

2. A non-refundable deposit of \$50 is payable upon enrolment.

3. I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published fee rates and policies. The Centre reserves the right to change the fee rates and policies and irrespective of previously published or quoted prices, the new rates and policies will apply from the notified date. I understand and accept that these fees are to be paid in full, two weeks in advance of each billing period.

4. I understand and accept that irrespective of any arrangement with any third party (eg; other adult, WINZ, ACC, trusts or budget service etc.) to pay the fees, the full responsibility rests with me.

5. I understand and accept that if any fee or charge remains unpaid, beyond the time specified in the Fee Payment Practice, my child's enrolment may be forfeited and the debt passed on to a Debt Collection Agency for collection. I accept responsibility for any and all costs and legal fees incurred in this process.

6. I understand and accept that any breach of the Frequent Absence Rules the government funding Rise and Shine would have received will be charged back to this account.

Signature: _____

Date: ____/____/____

Name: _____

| Contacts: | |
|---|---|
| First Name: Last Name: Middle Name: | First Name: Last Name: Middle Name: |
| Title: Mr/Mrs/Ms/ Miss Relationship: | Title: Mr/Mrs/Ms/ Miss Relationship: |
| Same Address as Child: (please tick or complete below) | Same Address as Child: (please tick or complete below) |
| Home address: | Home address: |
| City: _____ Postcode: _____ | City: _____ Postcode: _____ |
| Employer: Position: | Employer: Position: |
| Day phone: _____ Evening: _____ | Day phone: _____ Evening: _____ |
| Mobile: _____ Fax: _____ | Mobile: _____ Fax: _____ |
| ID (type & ref): | ID (type & ref): |
| Email: | Email: |
| Responsible for Payment of invoices? Receive invoices via email? | Responsible for Payment of invoices? Receive invoices via email? |

| 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) | |
| Person/s who cannot pick up your child: | |
| Name: | Name: |
| Name: | Name: |
| Person/s who can pick up your child / Alternative Emergency Contacts: | |
| First Names: | First Names: |
| Surname: | Surname: |
| Address: | Address: |
| Post Code: _____ Relationship: _____ | Post Code: _____ Relationship: _____ |
| Phone (Home): | Phone (Home): |
| Phone (Mobile): | Phone (Mobile): |
| First Names: | First Names: |
| Surname: | Surname: |
| Address: | Address: |

| | | | |
|-----------------|---------------|-----------------|---------------|
| Post Code: | Relationship: | Post Code: | Relationship: |
| Phone (Home): | | Phone (Home): | |
| Phone (Mobile): | | Phone (Mobile): | |

| Medical: | |
|------------------|---------------|
| Doctor: | Phone Number: |
| Address: | |
| Allergies | Special Diet |
| Medical Comments | Routines |

PLEASE INCLUDE AN ACTION PLAN FOR ALLERGIC REACTIONS WHERE APPLICABLE

| Immunisation: | |
|--|--|
| Immunisation at 15 months | |
| <input type="checkbox"/> Certificate not shown | <input type="checkbox"/> Immunisation complete |
| If incomplete, please tick diseases immunized / natural immunity: | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> HIB |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Pneumococcal |
| Immunisation at 48 months | |
| <input type="checkbox"/> Certificate not shown | <input type="checkbox"/> Immunisation complete |
| If incomplete, please tick diseases immunised / natural immunity: | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> HIB |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Pneumococcal |

In accordance to the Health Immunisation Regulations 1995 children who are not immunised or pending immunisation, staff will contact parents/whanau immediately and notify them about the outbreak/illness and will be asked to pick up or not bring their child until further notice when the outbreak has been cleared.

Parent/ Guardian Signature: _____

Date: ____ / ____ / ____

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? *Tick One* Yes No

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

- | | |
|------------------------------|-------------------|
| ▪ Arnica | ▪ Sting away |
| ▪ Aerowash - eyewash + wound | ▪ zinc castor oil |
| ▪ Antiseptic cream | ▪ |

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

Individual health plan completed and signed: *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: ____ / ____ / ____ |



ENROLMENT AGREEMENT FORM – PART 3

Required Information for Licensing Purposes (please read, agree or disagree by ticking each and sign at the bottom)

Excursions: For excursions requiring transport, parental consent is necessary. A notice will be sent home outlining the details of the trip along with a consent form. Parents must sign and return the consent form if their child is to participate. The adult child ratio on an excursion is determined by the degree of risk the trip presents. Please refer to the 'Outings and Excursion Policy' regarding adult / child ratios for an excursion' as well as 'Travel Permission Policy'.

Agree Disagree

Local Walks: I give my permission for my child to go on supervised local walks and local park visits. The adult-child ratio for local walks is 1:4 (under 3's) and 1:7 (over 3's)

Agree Disagree

Active movement in car park: I give my permission for my child to go on active movement activities in the carpark. The adult-child ratio for active movement is 1:4 (under 2's) and 1:7 (over 2's)

Agree Disagree

I give permission for my child to be **photographed and/or videoed** for learning purposes and allow photographs to be published:

Agree Disagree

in newsletters

on notice-boards

on the Rise and Shine Childcare website

on the Rise and Shine Childcare Facebook page.

I give permission for my child to celebrate birthdays with moderate treats (sweets, cake etc)

I have viewed the sleeping facilities and read the sleep policy

I would like to receive newsletter by email

I have read, understand and agree with the cyber-safety policy.

I consent to my child's name and date of birth being passed onto Hearing and Vision

I acknowledge that I have read and understand the terms and conditions of enrolment.

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

Other information

- **Policy Statement:** Rise and Shine Childcare 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. Our policy manual is located in our reception area. 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.
- **Terms and Conditions:** The Terms and Conditions as stated in the Fees Policy forms the terms and conditions of enrolment. By signing this enrolment you agree to these terms and conditions.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences
- **Transitional School Visits:** Information on transition arrangements

◆ Parent Declaration

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

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

Please initial all pages of this contract

◆ Service Declaration

On behalf of Rise and Shine Childcare, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ___ / ___ / ___

For Centre Use Only

- Birth Certificate
- Immunisation
- Terms of trade
- Centre information
- Enrolment form

Please initial all pages of this contract

