



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:

Surname / family name:

Given 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: 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:

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.

*Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz/parent and www.minedu.govt.nz/parents

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

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

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Parents / Guardians:			
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:	
Relationship to child:		Relationship to child:	
3. Given names:		4. 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:	
Relationship to child:		Relationship to child:	

Additional person/s who can pick up your child:			
Name:		Name:	
Relationship to child:		Relationship to child:	
Address:		Address:	
Post Code:		Post Code:	
Phone (Home):	Mobile:	Phone (Home):	Mobile:
Phone (Work):		Phone (Work):	

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:

Additional Emergency Contacts (also able to pick up child):

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:
Relationship to child:	Relationship to child:
3. Given names:	4. 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:
Relationship to child:	Relationship to child:

Child's Doctor:

Name:	Phone:
Name of medical centre:	

Health:

Illness/allergies:	
Is your child up-to-date with immunisations?	
Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and copy taken: staff initial Tick One Yes No <input type="checkbox"/> <input type="checkbox"/>	

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

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.	
Do you approve category (i) medicines to be used on your child? Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, provided by Go Bananas Childcare :	
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.	
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 <input type="checkbox"/> No <input type="checkbox"/>	
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: ____ / ____ / ____	

Statutory Holidays / Term Break	
This enrolment agreement is inclusive of school term breaks. Our centre charges a flat fee per week that takes account of those days the service is closed (e.g: Statutory Holidays).	
Note: Please inform us of any alterations in hours.	

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**.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Starting time:						Total hours:
Finishing time:						

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 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.

Your 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: ____ / ____ / ____

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 **Go Bananas Childcare**.

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

Additional Information for Licensing Purpose

- **Policy Statement:** Our centre has a number of policies that set out the procedures that are in place for the care and education of the children who attended. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this centre, and understand how you can have input to policy review.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook.

PLEASE READ AND AGREE TO THE FOLLOWING BEFORE SIGNING THE APPLICATION

Fees Policy

- Enrolment must be for a minimum of two days per week.
- The Centre is open from 7.30am to 6 pm Monday to Friday.
- A booking fee of \$30 (non-refundable) is charged per child when enrolling or going on the waiting list.
- Full fees are payable for statutory holidays, sickness and absences.
- During the Christmas and New Year period the Centre's operating hours will be as follows 8am – 3.30pm. Fees will be charged as normal unless you have applied for a holiday during that time.
- You will be entitled for 5 days holiday at 50% of the fees per year but these holidays can't be accumulated. This excludes statutory holidays, sickness and absences.
- Terminating your child's enrolment requires two week's notice in writing. This is payable regardless of your child attending or not. If such notice is not given then you are required to pay fees till termination notice is received.
- Parents who are late in picking up their children will incur a late pickup fee of \$1 per minute. This will be incurred 15 minutes after the end of the daily session. This must be paid at the end of the day.
- Automatic payments, internet banking, cash or cheques are our preferred methods of payments.
- Fees are to be paid 1 week in advance at all times. Failure to keep fees up to date may result in your Child's enrolment being forfeited and the debt being passed on to a debt collection agency, and the parent will be held responsible for any associated costs incurred.
- WINZ subsidies are available for fee assistance depending on the level of your total family income. Please talk to the centre manager in regards to this. If you receive a WINZ subsidy this is only part payment for fees and parents must meet the remaining balance. Half fees will be charged until the Centre receives the WINZ subsidy.
- Booked times must reflect attended times, if your child does not attend their booked times management will review your booking.

Enrolment Application Terms & Conditions and Required Declaration

Outside visits authority

In signing this enrolment form, I authorise Go Bananas Childcare staff to take my child on short outside walks and visits to the park etc in groups. In addition, all excursions in a vehicle will require separate approval. A form will be sent home prior to each excursion.

No sick children

In signing this enrolment form, I agree to the Go Bananas Childcare illness policy, which states that I will not bring my child to Go Bananas Childcare when he/she is ill or suffering from any condition that is able to be passed on to other children. I will notify the Centre if my child is not attending and inform the nature of the illness immediately.

Vision and Hearing Testing

All 4 year olds are required to have their vision and hearing tested by the Public Health Nurse. If you have any concerns or questions regarding this, please talk to the Centre Manager or contact the Ministry of Health.

Attendance

I will sign the daily attendance record and advise a staff member of my child's arrival before leaving my child. I agree that I will advise a staff member before taking my child from Go Bananas Childcare.

No duplicate enrolment

I confirm that the child referred to on the reverse of this form is not enrolled at another early childhood service for the same days and hours as they are enrolled in Go Bananas Childcare. (Required by the Ministry of Education).

Fees agreement

In signing this enrolment form, I agree to pay fees on the basis of the fee schedule that is current at the time and I will pay, in advance, in accordance with the Fee Policy of Go Bananas Childcare. I acknowledge and agree to pay the appropriate fees for an enrolled day even if unable to attend due to sickness, holidays or statutory holidays. I understand and accept that irrespective of any arrangement with any other party (e.g. other adult, Income Support Services, ACC, Trusts or budget service, etc.) to pay the fees, the full responsibility to pay remains with me.

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

Children may only leave the Centre with:

1. Adults listed on the enrolment form, or;
2. With an adult whose name and relationship to the child has been made known to the Centre by parents, prior to picking up the child.

Emergency Closure of Centre

We are required by the Ministry of Education to close the Centre in certain circumstances, such as the loss of power to the Centre, and must evacuate the premises within two hours of such an event. In the event of an emergency closure of the Centre you will be required to collect your child from the Centre. Full fees are to be paid for up to 5 days if there is an emergency closure of the Centre.

Cybersafty

As part of our curriculum, the children will use the internet as a research tool. This will only be done with supervision by a teacher. Children will not have independent access to the internet.

Advertising and the Internet

We will not use photos or video clips of your child on our webpage, Facebook page or for any other type of advertising without prior written consent from the parent.

Privacy act

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/parent

In accordance with the consent required in the Enrolment Form, we may at times observe and photograph children for the purposes of preparation of individual portfolios for children and/or communication with parents about children.

Terminating your child's enrolment

Go Bananas Childcare requires two week's notice in writing of termination. This is payable regardless of your child attending or not. If such notice is not given then you are required to pay fees till termination notice is received.

Centre rules and policies

I understand that the terms and conditions noted on this form are not exhaustive and that others are contained in published Go Bananas Childcare policy documents, rules, procedures, notices, parent handbook etc. I accept that Go Bananas Childcare reserves the right to add, amend, clarify or delete terms, conditions or policies by issuing newsletters, notices or by putting notification on the parents' notice boards.

- I agree to notify Go Bananas Childcare Centre promptly regarding any absence and the reasons for the absence.
- I have completed the Go Bananas Childcare enrolment form for my child and agree that all the information contained in it is correct as at date of signing.
- I give permission for my child to participate in grace before lunch.

Parent Declaration

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

Parent/Guardian Signature: _____

Date: ____/____/____

Parental Permission - Photographs, video and Internet

I hereby give (please ✓) give permission to Go Bananas Childcare to use my child's photographs and video for advertising purposes.

Website ☐ Leaflets/Brochures ☐

Facebook ☐ Advertising Boards ☐

Banners ☐ Newsletters ☐

Parent/Gaurdian Signature: _____

Date: ____/____/____

Service Declaration

On behalf of Go Bananas Childcare _____

I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____/____/____