

## RISING STARS HENDERSON EARLY CHILDHOOD CENTRE Enrolment Agreement Form

### Child's Details: (Child's official identity document must be presented for enrolment)

Child's official given name:	Child's official surname:
Child's official middle names:	
Child's preferred name/Child is known by:	
Child's date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnic origin(s):	Home Language:
Information required by the Ministry of Education Iwi your child belongs to:	
Child's primary residential address:	Postcode:

### Parents / Guardians:

Mr, Mrs, Ms. First Names:	Mr, Mrs, Ms. First Names:
Surname:	Surname:
Address:	Address:
Post Code:                      Relationship:	Post Code:                      Relationship:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

### Emergency Contacts (non-parents/guardians):

Mr, Mrs, Ms. First Names:	Mr, Mrs, Ms. First Names:
Surname:	Surname:
Address:	Address:
Post Code:                      Relationship:	Post Code:                      Relationship:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

### Doctor:

Name:	Phone:
Name & Address of Clinic:	

**◆ 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	
Times Enrolled:						Total number of hours:

**For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours**

20 Hours ECE at this service +10 ECE hours						Total number of hours:
20 Hours ECE at another service						Total number of hours:

With Effect From: \_\_\_\_\_

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

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

**◆ 20 Hours ECE Attestation: (3 to 5 Year Olds only)**

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 paying the optional charges that contribute towards the costs of providing higher teacher-child ratio, having more than 80% qualified Staff, additional hours of care, extra resources and equipment available, portfolios and meals provided for your child.
- 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 Rising Stars Henderson Early Childhood Centre.

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

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

**Custodial Statement**

Are there any custodial arrangements concerning your child? Yes / No

If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)

**Person/s who CANNOT collect your child: (If applicable)**

Name:	Relationship:
Name:	Relationship:

**Health**

Illnesses

Allergies:

Special Diet:

Is your child up-to-date with immunisations? *Tick One* Yes  No

**(Please provide verifications of all immunisations)**

Immunisations record sighted and details recorded: OFFICE USE ONLY *Tick One* Yes  No

**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. 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:

- |   |   |
|---|---|
| ▪ | ▪ |
| ▪ | ▪ |

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

Required Information for Licensing Purposes – I give permission for my child to:-	
▪ Attend small local walks with an adult with an adult to child ratio of no more than 1 adult to 3 children	Yes / No
▪ Be taken by Ambulance to a medical centre in the case of an emergency	Yes / No
▪ Be photographed for the purposes of assessment, planning and evaluation and the photos to be displayed in children’s portfolios and on display within the centre	Yes / No
▪ Be photographed and published for our <a href="http://www.nzrisingstars.co.nz">www.nzrisingstars.co.nz</a> website and/or Facebook	Yes / No
▪ Have the Centre sunscreen applied if my child does not have his/her own	Yes / No
▪ Have his/her face painted if he/she requests	Yes / No
Policy Information (Please read carefully)	
<ul style="list-style-type: none"> <li>▪ <b>Policy Statement:</b> We have 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.</li> <li>▪ <b>Fees Schedule and Policy:</b> I have read the fees schedule and agree to abide by the policy to pay the current week and week in advance, and I agree to provide 2 weeks' paid notice for my child's cessation.</li> <li>▪ <b>Centre Information Booklet:</b> Please ensure you have read the information in the Centre Information Booklet provided in the Enrolment Pack as it covers such things as medical information and ways in which we can help you and your child settle into the service.</li> <li>▪ <b>Privacy Statement:</b> <ul style="list-style-type: none"> <li>▪ We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</li> <li>▪ We will use and disclose your child’s information only in accordance with Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you and your child.</li> <li>▪ 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.</li> <li>▪ You can find more information about nation student numbers at <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a></li> <li>▪ All personal information on your child will be kept securely and remain confidential.</li> </ul> </li> </ul>	

Please tell us how you heard about our Centre \_\_\_\_\_

◆ Parent Declaration	
<i>I declare that all the above information is true and correct to the best of my knowledge, and confirm enrolment of my child at Rising Stars Henderson Early Childhood Centre.</i>	
Parent/Guardian Signature: _____	Date: ____/____/____
◆ Service Declaration OFFICE USE ONLY	
I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____/____/____
<input type="checkbox"/> Identity Document _____ copied and sighted on _____ (date) <input type="checkbox"/> Immunisation Record <input type="checkbox"/> Driver’s Licence/Passport <input type="checkbox"/> Custody Documents	

**Privacy Statement:** All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

## Fees Schedule and Policy

### Payment Terms

- Fees are to be paid at least **one week in advance**.
- Failure to make arrangements for any overdue account balance may result in a child's enrolment being forfeited and the debt being passed on to a debt collection agency. Parents will be responsible for any associated costs incurred.

### Enrolment Fee

- A **non-refundable enrolment fee of \$10.00** is payable upon enrolling your child to confirm their enrolment at the Centre.

### Payment Methods

- Fees are payable by **automatic payment** or **direct debit** to our bank account (preferred option).
- **EFTPOS** and/or **Cheque** can be made at Reception.

### Enrolment/Withdrawal

- Once a child is enrolled and a start date is given, all booked sessions will be charged whether your child attends or not.
- A **two weeks advanced written notice** is required for cessation of enrolment. Fees are payable during this notice period.

### Family Discount

- Where two children from the same family/legal guardian attend full time at the Centre, a 10% fee discount is applied to the youngest child.
- Where three children from the same family/legal guardian attend full time at the Centre, a 30% fee discount is applied to the youngest child.

### Work and Income Subsidy

- WINZ childcare subsidies are available for fee assistance depending on the level of your total family income. Please discuss this with the Administrator. If you believe you are eligible for a Work and Income subsidy, please read the Work and Income information sheet available at the Centre.
- WINZ subsidy is only part payment for fees. Even if you are eligible for a Work and Income subsidy, it remains your responsibility to ensure your account is paid in advance at all times and to pay any part of your fees which are not covered by a subsidy.
- Always ensure your application/renewal is lodged with Work and Income prior to your child attending the centre, or prior to expiry of the current subsidy.
- It is your responsibility to keep Work and Income informed of any changes in circumstances or care arrangements and also to ensure Work and Income are fully informed of any benefit you may be receiving under the 20 hours ECE scheme

and/or sibling discounts. Any refund of benefit to Work and Income is the responsibility of parents and guardians.

### **20 Hours ECE Subsidy**

- The Government provides “20 HOURS ECE” subsidy for children 3 to 5 years old.
  - Please note that the rate contributed by the government does not cover: The cost of providing higher teacher : child ratio, extra resources and equipment available to the children, additional hours of care, administration costs to implement and maintain the 20 hours ECE policy and meals provided by the centre.

### **Late Collection Fees (After closing time)**

- Please note the Centre **closes at 5.30 p.m.** A penalty of **\$10 per 10 minutes** (or part thereof) may be charged if you fail to collect your child within the agreed time. This is **payable in cash directly to the Staff member on duty.**

### **Holidays & Absences**

- Statutory Holidays are charged in full.
- The normal fee will be charged when your child is absent due to sickness or any other reasons.
- No fees will be charged for additional days the Centre is closed over the Christmas period.
- You may be entitled to **3 weeks** annual leave at a **reduced charge of 50% of your normal fee** during the year providing a **two weeks written notice** is given. These must be used in blocks of one week or more. After these three weeks, full payment is required for absences. If you receive a WINZ subsidy, the 50% reduction will only be for the **parent fee portion.**

### **Change of Hours/Additional Days**

- Should you require an additional day on a temporary or permanent basis, you must first speak to the Centre Manager or Administrator to ensure that there is a place for your child. If there is, then you must fill out a **change of hours form.** A **one week written notice** is required if you wish to change the permanent booking of your child.

Parent acknowledgement:

I, \_\_\_\_\_ (Parent/Guardian name) have read the above fees schedule policy and agree to abide by the policy to pay the current week and a week in advance. I also agree to provide 2 weeks paid notice for my child's cessation.

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