

# Enrolment Agreement Form 2018

**Little Citizens**  
Early Learning Centre

158 Oxford Street,  
Dunedin 9012  
03 466 3223



## ◆ 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](http://www.minedu.govt.nz/parents)

Information about acceptable identity verification documents is available online at  
[www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://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.

<b>◆ Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home/Work):	Phone (Home/Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
D.O.B. (Optional):	D.O.B. (Optional):
Relationship to child:	Relationship to child:
<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home/Work):	Phone (Home/Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home/Work):	Phone (Home/Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

<b>◆ Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Names of any brothers / sisters currently or previously enrolled at Little Citizens:	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

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◆ Emergency Contacts:	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home/Work):	Phone (Home/Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

◆ Child's doctor:	
Name:	Phone:
Name of medical centre:	

◆ Health	
Does your child have Religious / Cultural requirements that staff need to be aware of?	
Illness/Allergies:	
I give permission for a photo to be used to identify my child on the allergy boards and/or sunscreen bucket & bottle.	
<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your child up-to-date with immunisations?	
<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide verification of all immunisations, or when your child reaches 15 months you must produce your child's immunisation card to the Centre.	
<b>For staff:</b> Immunisation records copied and details recorded:	
<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

◆ Medicine	
<b>Category (i) Medicines</b>	
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.	
Name/s of specific category (i) medicines that can/can't be used on my child, provided by service:	
▪ Arnica Cream    Yes / No	▪ Corn Starch Powder    Yes / No    ▪ Sunscreen SPF 30    Yes / No
Parent/Guardian Signature: _____ Date: ____/____/____	

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**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  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 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.

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

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### ◆ 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.
- 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does your child receive 20 hours free ECE (early childhood education) funding? If yes, then it is important you understand what happens if your child is away from the centre for more than three weeks. If your child does not come to Little Citizens for 21 days or more, then the free funding stops and you will have to pay the normal fees until your child returns.

Please note:

- The free funding kicks in again as soon as your child returns.
- The 21 days includes weekends, meaning it works out to three weeks from the point at which your child last attended.
- This applies even if you tell us your child cannot attend – it's a rule from the Ministry of Education we must follow.

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

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

### ◆ Little Citizens

How did you hear about us?

Current family at Little Citizens  Recommendation  Website  Google

Former family at Little Citizens  Word of Mouth  Facebook

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### ◆ 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 Little Citizens.

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

### ◆ Method of Fee Payment / Declaration

Our terms of trade are strictly in accordance with our Collection Policy.

#### Collection Policy

1. Fees may be paid by automatic payment, internet banking or cash.
2. Your account must never be overdue by more than two weeks. If this happens then a letter will be sent by the Financial Administrator to you requesting you to:
  - Pay the full account balance within 14 days or,
  - Contact the Accountant on 466 3025 about putting a repayment plan in place.
3. If the full payment is not received, or a payment plan is not in place within 14 days of this letter being sent to you, then your child's enrolment will be cancelled.
4. If your child's enrolment is cancelled, we will still require payment of the account. This needs to be paid within 14 days from when your child's enrolment was cancelled. If not paid by then, the account will be forwarded to the debt collector (*along with this declaration and any required personal information that we have obtained from you*) with all collection costs added to the account.

I agree to pay my account with Little Citizens by:

Automatic Payment (A.P. form is available from Centre)       Internet Banking

I'll make my payments:  Weekly       Fortnightly

I \_\_\_\_\_ (print name) will be responsible for all administration and payment of invoices for this child.

I have read and agree to the terms of the collection policy above.

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

### ◆ Agreement

- I have been notified that **full fees will be charged** for sickness and absences.
- **Two weeks' notice** is required when finishing at the Centre; a Notification of Finishing Care form is available from the Centre.
- I understand, if my child attends outside my booked hours that I will be charged accordingly.
- I agree to keep this document current and to notify staff of any relevant changes so that, should an emergency arise concerning my child, staff will be able to easily contact me.
- I authorise staff to seek medical assistance if they think necessary for the well-being of my child.
- I agree that my child may be part of staff observations, evaluations and be photographed and videoed for the purpose of individual profiles and planning displays within the Centre.
- I have read the information booklet given at enrolment and will keep myself properly informed of any changes to Centre policies and practices. I understand that I can have input into these documents if I choose to.
- I have read and agree to abide by the Centre policy which states that no smoking, drugs or alcohol is permitted on the premises.
- I understand and agree that any pets brought to the Centre are to be kept tied away from the main entrance.
- I agree that my child will not attend the Centre if she/he is unwell.
- I agree that the Centre may cancel my child's enrolment if my child does not attend care for three consecutive weeks without prior arrangement.

I have read and understand the agreement above and agree with the conditions of the enrolment.

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

### ◆ Parent Declaration

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

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

### ◆ Service Declaration

On behalf of Little Citizens, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Office Use Only

Fee rate \$.....

Date WINZ Completed:

Date Loaded to APT:

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