



Office Use Only:

CHILD NAME: _____

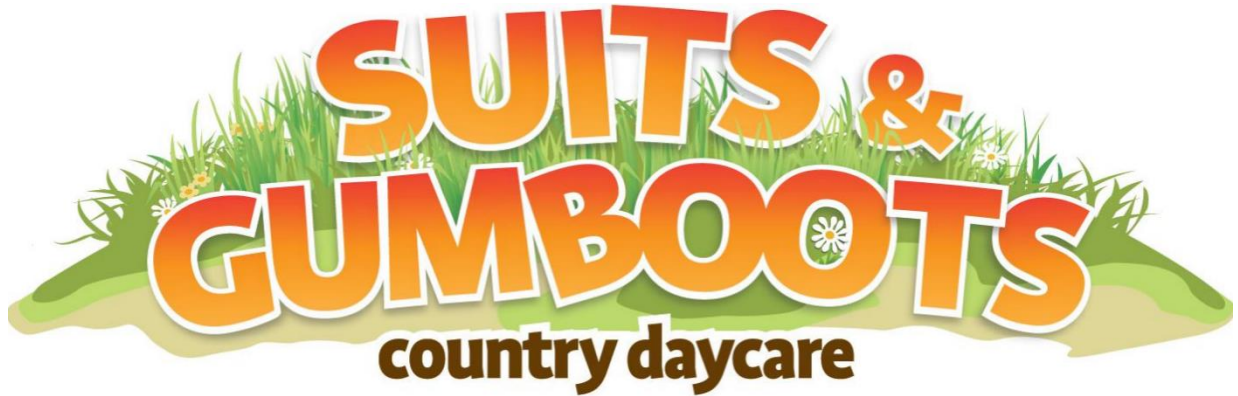
Date of Enrolment: ___ / ___ / ___

Start Date: ___ / ___ / ___

Date of visit 1: ___ / ___ / ___

Date of visit 2: ___ / ___ / ___

Leave date: ___ / ___ / ___



Child's details

Official last name/ family name:

Official given names/middle name:

Preferred name:

Date of birth:

Primary Residential Address:

Postcode:

Gender:

Ethnicity:

Iwi: (if applicable)

Language spoken at home:

Who lives with me?

Cultural beliefs or considerations: Is there anything else we should know about your child's ethnicity, culture or food preferences?

Child's strengths, interests and preferences:



Primary Caregiver	
Full Given Name:	Last name:
Relationship to child:	
Address:	E-mail Address:
Mobile Phone:	Work Phone:
Secondary Caregiver	
Full Given Name:	Last Name:
Relationship to child:	
Address:	E-mail Address:
Mobile Phone:	Work Phone:
Emergency Contact (other than Primary or Secondary Caregiver)	
Full Given name	Last Name:
Address:	
Phone:	Relationship to child:
Additional people that <u>may</u> pick up your child.	
Name:	Name
Phone:	Phone:
Relationship to child:	Relationship to child:

Please let us know if you wish to add someone to the above list. We need to have a record of their names **before** they can collect. They will be required to display ID before they can collect your child.

Custodial Statement

Are there any custodial arrangements concerning your child? **Y / N**
 NB: If yes, please provide a copy of any court order issued.

Person/s who cannot pick up your child/ren.

Name:	Name:
Relationship to child:	Relationship to child:

NB: A photo of this person would be helpful to help staff identify this person.

Permissions (Please circle)

Health and Safety

In the event of an emergency and in consultation with a Guardian (if possible) I give permission for my child to travel in the vehicle of a staff member to the local doctor's surgery to seek medical assistance.

Y / N

Head Lice

If my child is showing signs of head lice, I give permission for my child's hair to be checked. If any live lice are found, we will call you to come and collect your child. Your child can return to the centre once treatment and combing has occurred.

Y / N

Excursions

I give permission for my child to take part in local community excursions (regular excursions as stated in the Excursion Policy). The date and time of these excursions are at the discretion of the centre and approved by the Centre Manager. These excursions are conducted by foot so are in close proximity to the centre. These include but are not limited to: The carpark for Fire Drills, Feeding the animals on the bank area, Special events/ Termly Powhiri at the Primary school & Library trips

Y / N

I give permission for my child to be transported in our centre van to attend centre excursions. Your child will be safety restrained in an approved car seat and driven by a fully licenced teacher at the centre (see our Excursion Policy for more information). You **will** be notified before these excursions occur and your child leaves the centre. Trip information about times and who is going will be available at reception

Y / N

Photo/Video

I give permission for my child to be photographed and/or videoed by the centre staff for the purposes of assessment, wall displays, planning and evaluation.

Y / N

Advertising

Photos may be shared on the centre Facebook page and for Marketing and Advertising purposes (brochure, philosophy display in reception).

Y / N

Story Park

I agree to my child having a Story Park account. We will send an invitation to your email address provided.

Y / N

Facebook

I agree to photos of my child being shared on our **private** Facebook page. Here we may share what we have been up to for the day, any notifications about events coming up, and photos of your amazing children. Join our "Suits Gumboots Te Kauwhata" Facebook page and then we can add you to this group.

Y / N

Hearing, Vision and Dental Checks

I give permission for my child to receive B4 school Hearing, Vision and Dental checks. Vision and Hearing technicians from Rural and Community Services will be visiting our centre to check the Hearing and Vision of four-year-old children who have not been seen for the above checks, or require re-checks from a previous visit.

Y / N

Correspondence with local schools

I give permission for you to engage with the local schools in regards to transition visits and to share details for enrolment purposes. This information enables us to best support you and your child through your transition to school

Y / N



Child's Health Details

Family Doctor/ Medical Practice:	
Address:	Phone:

Does your child have any allergies to food or medicines? **Y / N**
 Please provide details:

NB: If your child has an allergy or special needs that requires an alternate diet, come and chat with the team so we can ensure we plan for the best choices for your child.

Is your child up to date with immunisations? **Y / N**
 A copy of immunisation status is provided and kept on file at centre. Please keep us updated as your child grows and receives new mms. Sighted _____ (staff to sign).

Does your child suffer from any medical conditions? **Y / N**
 Please provide details:

Category (i) Medications

Do you approve of the below Category (i) medications being used on your child whilst in our care? **Y / N**

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ Nature's Kiss Anti-Flamme cream (bumps and bruises) ➤ Aoraki Naturals Butt Balm (Nappy rash/ scratches) ➤ Betadine (scratches/ grazes) ➤ Soov cream (insect bites and stings) ➤ Nivea sunblock (Term 1 & 4 Sun Protection) ➤ Zinc and Castor Oil Nappy cream (Nappy rash) ➤ Bepanthen (Nappy rash/ scratches) | <ul style="list-style-type: none"> ➤ Sudocrem (Nappy rash) ➤ Healthe antiseptic liquid spray with teatree (scratches/ grazes) ➤ Aeroguard insect repellent (bug protection on bush excursions) ➤ Advance Instant hand sanitiser (on excursions). ➤ Ecostore Bodywash Ultra-Sensitive (Wash if soiled) |
|---|--|

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

Category (ii) Medications

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 I have to give written authority for a category (ii) medicine to be administered to my child, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given. Medication needs to have the prescription sticker to match the above information. All prescribed



medication administered by staff at the centre will be documented in a separate medications book and will require the signature of a parent/guardian
 This will be in accordance with our Illness Policy and whether your child is fit and healthy enough to attend the centre.

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

Category (iii) Medications

If your child requires regular medication for any on-going illness, we will create an individual health plan for your child's time at the centre. We require full information and a demonstration, if necessary, of how the medication is to be administered. A copy of your child's health plan must remain at the centre and any change of this plan must be documented and the centre notified by the parents/ guardian. You will be asked to confirm your child's health plan every 3 months and sign to continue with the current plan.

Does your child require regular medication or medication that may need to be administered on a regular basis/ if the need arises? **Y / N**

If so, please complete the following;

Medication:	
Indications for use:	
Dose:	
Storage:	

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

Enrolment details (complete with staff)

NB: Minimum booking 6.25hrs. If attending for ECE hours only please choose either 845am -3pm **OR** 9am -315pm.

<u>Date of Enrolment</u> ___/___/___		<u>Date of Entry:</u> ___/___/___		<u>Total cost per week:</u>		<u>Date of Exit:</u> ___/___/___	
<u>Days Enrolled:</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>		
<u>Times Enrolled:</u>						<u>Total hours</u>	
Over 3 years receiving 20 Hours ECE hours- please fill out the boxes below with the hours attested per day. The maximum is 6 hours per day, up to 20 hours per week.							
<u>20 Hours ECE at this service</u>						<u>Total hours:</u>	
<u>20 Hours ECE at another service</u>						<u>Total hours:</u>	
Parent/Guardian Signature:				Date: ___/___/___			



Hours

I acknowledge that the hours selected above are a binding agreement and failure to attend for these hours may result in a fee due to a loss of in funded hours for attending less than 6 hours per day. I am aware that this enrolment agreement is inclusive of school term breaks.

Closures

Suits and Gumboots are open for business all year-round Monday to Friday 07.30-17.30, with the exception of Statutory holidays and nominated closure periods. We are open between the Christmas and New Year Statutory holidays. Written notification will be given to parents regarding any sustained period of time the centre will be closed.

Optional daily charge

Suits and Gumboots runs a bush programme during Term times. These excursions are an optional part of our programme as they are at a cost of \$10 per trip. I acknowledge that I can opt out of this at any time and that I will be invoiced for each trip my child attends.

Enrolment fee

I am aware I will be charged an \$100 enrolment fee at time of enrolling/ to secure my space on the waitlist. This charge covers an enrolment admin fee, a welcome pack supplied in the first week of attendance and a Storypark Subscription for the first year of attendance.

Changes to enrolment prior to start date:

We acknowledge that some family situations may require you to alter your child's enrolled start date to a later date. This "pushing out" of start date may occur once, and any further changes to a later start date may result in your child returning to the waiting list.

Dual Enrolment Declaration

I hereby declare that my child **is / is not** enrolled at another Early Childhood Education institution at the same times that he/she is enrolled at Suits and Gumboots. This includes Playcentre hours.

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

20 ECE Attestation

20 ECE Hours (3–5-year-olds only)

All children aged 3- 5years of age are entitled to 20 ECE hours funded by the Ministry of Education for up to 6 hours per day. Our minimum days are 6.25 hours. We offer an additional 11.25 hours (includes a daily 15- minute buffer period due to pick up/ drop off times being busy. This allows your child to attend 5 days per week (31.25 hours maximum) between 845am-3pm or 9am-315pm.

Attestation

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? **Y/ N**

Is your child receiving 20 Hours ECE at any other services? **Y/ N**

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: _____

Charges and payments

- I am aware that payment of fees is due weekly upon issue of invoice or upon agreement of payment schedule. Invoices are sent out every Monday for the week of attendance and automatic payment is the preferred option of payment.
- I am aware that should I be applying for a WINZ subsidy or I am awaiting a WINZ subsidy, my child cannot start with the centre until this has been confirmed as approved, OR I agree to make full payment until the subsidy is in effect.
- I am aware that non-payment of fees for three weeks, with no arrangements in place will result in my child's place being re-allocated to the next child on the waiting list. Once the bill has been settled you can re-enrol/ be placed back on the waitlist.
- I am aware that continual non-attendance at Suits and Gumboots Country Daycare Ltd for more than 2 weeks without notification will result in my child being removed from the centre roll.
- I am aware that should it be deemed necessary to involve a debt collection agency to recover fees, the full debt collection costs will be added to my child's account.
- I am aware that if my child is enrolled for the 20 ECE Hours and is away for a period greater than three consecutive weeks, a weekly holding fee of \$30 will be payable to secure their on-going enrolment.
- I am aware that **two weeks' notice** must be given for any change of bookings required and will be charged at the normal rate if any changes are made without notice.
- I am aware that a **late pick-up/ early drop off** charge applies if I am outside my **booked hours**. You will be charged \$5 per 5 minutes after five minutes outside of booked pick up time and \$10 per 5 minutes outside of our Licence Closure time of 5.30pm
- I am aware that sick days will be charged at the normal daily fee.
- I am aware that Statutory holidays will be charged at 50% of the normal daily fee.
- It is essential that your child attends the hours they are booked for. Cutting days short or late drop off's impacts our funding and may result in us having to invoice you for loss of income.

Parent/Guardian Signature: _____ Date: _____



Policy Statement

Suits and Gumboots Country Daycare Ltd has a number of policies and procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. In signing this enrolment form you are saying that you will abide by the policies of this service and that you understand how you can have input into policy reviews.

The information collected on this enrolment form is for the purpose of providing education and care for your child.

Privacy Statement

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

NB: A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at <https://www.nzqa.govt.nz/login/national-student-number-nsn/>

Parent Declaration

I declare that all the above information I have provided in this form is true and correct to the best of my knowledge

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

Service Declaration

On behalf of Suits and Gumboots Country Daycare Ltd, I declare that this form has been checked and all relevant sections have been completed.

Centre Manager Signature: _____ **Date:** _____

Please share how you heard about us?