

**Administration Records**



## 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:    d d   /   m m   /   y y y y

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):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:

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

<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)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

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

<b>Additional Emergency Contacts (also able to pick up child):</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):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child	Relationship to child
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

<b>Child's doctor:</b>	
Name:	Phone:
Name of medical centre:	

<b>Health</b>	
Illness/allergies:	
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)	
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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

<b>Medicine</b>	
<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.	
Do you approve category (i) medicines to be used on your child? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, <b>provided by Adventureland Early Learning Centre:</b>	
▪	▪
▪	▪
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>Category (ii) Medicines</b>	
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: ____ / ____ / ____

<b>Category (iii) Medicines</b>	
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.	
<b>For staff:</b> Individual health plan sighted and a copy taken: <i>Tick One:</i> 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: ____ / ____ / ____

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



## Fees & Enrolments

This section outlines our policy on Enrolments, Fees, Absences and Termination.  
Fees Structure for long and short days

**Short Days (7 hours/day): 8.30am to 3.30pm**

**Long Days (up to 10 hours/day): 7.30am to 5.30pm**

### All ages

Days	2	3	4	5
Short	\$140	\$220	\$260	\$290
Long	\$165	\$245	\$285	\$315

### For 3 & 4 year olds using 20 hours ECE:

Days	2	3	4	5
Short	\$80	\$120	\$160	\$180
Long	\$100	\$150	\$200	\$200

The centre is open from 7.30am to 5.30pm Monday to Friday

### Standard Terms;

- The following Fees Policy will form part of your Enrolment and Agreement Form.
- All Fees are GST inclusive.
- **Fees are to be paid by AP on Fridays, one week in advance to the nominated Adventureland Bank account**
- Enrolments must be for a minimum of 2 days per week per child. We do not offer half days.
- Full fees are payable for all holidays, statutory holidays, sickness and absences.
- Adventureland will be closed over Christmas for 2 weeks. No fees will be paid over this time.
- We offer families with 2 or more children a 15% discount if attending 2 or more days per week.

### What your Fees include;

- All food and drink for all ages. (Does not include formula) You will need to provide your child's formula.
- Sleeping linen and laundry services.  
Please let us know if your child is allergic to any laundry products.
- All nappies are provided
- Quality care for your child.

### Enrolments;

- A booking fee of \$50 (non-refundable) is charged per child when enrolling or going on the waiting list.
- If you wish to change the days of attendance you will need to give us appropriate notice to insure that those days are available.
- 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.

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**Payment of fees;**

- All fees are to be paid on Friday; one week in advance at all times. This is necessary for us to maintain a high standard of care for your child. Where fees are unpaid for more than two weeks, we cannot guarantee a place for your child. Unless an alternative arrangement has been made to pay off arrears. Please do not hesitate to contact the Centre Manager as soon as possible if you cannot meet your obligations under this fees policy. We are more than happy to discuss your situation.
- The Centre reserves the right to use debt collection services to recover fees and cost of recovery should this be necessary.
- Fees are reviewed every 2 years to keep up with inflation and the changing costs of running the centre.

**Absences;**

- Where a child is absent for more than 3 weeks, they may be withdrawn from our register. Please notify the centre Manager in advance if you are going to be away for more than a few weeks at a time.
- Fees are required to be paid in full for all absences, including absences longer than 3 weeks to hold your child's place. This includes sickness.
- Children that are sick should not be brought to the centre and parents are required to notify the centre if the child is not attending due to sickness.
- If your child is sick while at the centre you will be asked to come and collect him/her.

**Late Pickup Charges;**

- 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 for (short days program) and incur directly after 17:30 pm (long days program).

**20 Hours ECE;**

- The "20 hours ECE" scheme offers a saving for all parents of 3, 4 and 5 year old children. This means that the cost is fully subsidized for up to 6 hours of attendance per day and up to 20 hours a week.
- For us to fully cover the quality of education and care provided through our short and long day programmes; we charge fees for hours that are not covered by 20 hours ECE.
- If you have any further queries regarding the "20 hours ECE" please ask or go to The Ministry of Education website;

[www.minedu.govt.nz/parents/EarlyYears/HowECEWorks/20HoursECE](http://www.minedu.govt.nz/parents/EarlyYears/HowECEWorks/20HoursECE)

**WINZ Childcare Subsidies;**

Parents may qualify for a WINZ subsidy, WINZ may pay all or a portion of your fees. To find out more about your entitlements and how to apply for them go to the WINZ website.

[www.workandincome.govt.nz/individuals/a-z-benefits/childcare-subsidy.html](http://www.workandincome.govt.nz/individuals/a-z-benefits/childcare-subsidy.html).

# Enrolment Application Terms & Conditions & Required Declaration

## PLEASE READ AND AGREE TO THE FOLLOWING BEFORE SIGNING THE APPLICATION

### Outside visits authority

In signing this enrolment form, I authorise *Adventureland Early Learning Centre* 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 *Adventureland Early Learning Centre* policy, which states that I will not bring my child to *Adventureland Early Learning Centre* 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.

### Treatment and testing consent

In signing this enrolment form, I authorise the management of *Adventureland Early Learning Centre* to administer medication authorised in writing by me for my child from time to time and in the event of any illness, medical condition and/or accident or where the child's health could be at risk, I authorise the management of *Adventureland Early Learning Centre* to seek such professional or medical advice or treatment as they deem necessary for the best interests of my child. I agree that the cost of any such services will be my responsibility. I consent to vision, hearing and language tests and consent to the results of these tests being discussed with my child's teacher and management, if necessary.

### 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 *Adventureland Early Learning Centre*.

### 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 *Adventureland Early Learning Centre*. (It is required by the Ministry of Education).

### Fees agreement

In signing this enrolment form, I agree to pay fees based on the fee schedule that is current at the time and I will pay, in advance, in accordance with the Fee Policy of *Adventureland Early Learning Centre*. 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.

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



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

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.

### Cybersafety

- Your child will have on-line portfolio only accessible to Adventureland families. I give consent for the centre to share examples of my child's learning on the internet. These include: learning stories, photographs, video images and/or child's work.
- I give consent for Adventureland to share my child's photos & video images on Adventureland facebook page, website and advertisement.

### Terminating your child's enrolment

- Adventureland Early Learning Centre 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**.
- I agree to notify Adventureland Early Learning Centre promptly regarding any absence and the reasons for the absence.
- I have completed the Adventureland Early Learning Centre 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.

### 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 Adventureland Early Learning Centre policy documents, rules, procedures, notices, parent handbook etc. I accept that Adventureland Early Learning Centre 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.

#### ◆ 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 [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

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

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

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____/____/____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Starting time						Total
Finishing time:						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____/____/____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____/____/____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Starting time						Total
Finishing time						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____/____/____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____/____/____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Starting time						Total
Finishing time:						
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____/____/____						

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