

Account No:



Enrolment Agreement Form

CITY CHILDCARES LIMITED

Trading as Smiths City Childcare Centre

Vinery Lane

OR

Hunt Street

(Please complete a separate form for each child)

Child's Details:	
Child's official surname or family name:	
Child's official given name:	
Child's official other names/middles names:	
Name your child is known by/preferred name:	
Surname/family name:	Given name:
Copy of official identity verification document collected by staff:	
<input type="radio"/> New Zealand birth certificate	<input type="radio"/> Foreign birth certificate
<input type="radio"/> New Zealand passport	<input type="radio"/> Foreign passport
<input type="radio"/> Other _____	
Child's date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin:	
Iwi your child belongs to:	
Language/s spoken at home:	
Child's home address or addresses:	
	Post Code:
Parents/Guardians:	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone: (Home)	Phone: (Home)
Phone: (Work)	Phone: (Work)
Phone: (Mobile)	Phone: (Mobile)
Email:	Email:

*Bond Paid: \$.....

Date Paid:

Receipt/Eftpos No:

Privacy Statement: We are collecting 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 information about national student numbers at www.minedu.govt.nz/parents

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

Emergency Contacts:						
First Names:			First Names:			
Surname:			Surname:			
Address:			Address:			
Post Code:			Post Code:			
Phone: (Home)			Phone: (Home)			
Phone: (Work)			Phone: (Work)			
Phone: (Mobile)			Phone: (Mobile)			
Email:			Email:			
First Names:			First Names:			
Surname:			Surname:			
Address:			Address:			
Post Code:			Post Code:			
Phone: (Home)			Phone: (Home)			
Phone: (Work)			Phone: (Work)			
Phone: (Mobile)			Phone: (Mobile)			
Email:			Email:			
Doctor:						
Name:			Phone:			
Address:						
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 number of hours:
For 20 Hours ECE fill out boxes below with the hours attested e.g 6 hours for children 3 and over						
20 Hours ECE at this service						Total Number of hours:
20 Hours ECE at another service						Total Number of hours:
Parent/ Guardian Signature: _____						Date: ___/___/___

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/garden.

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: __/__/__

Optional Charges:

1. The optional charges are for:

- Special events such as excursions/performances that my child attends while at the Centre
- Specialised programmes e.g Fitness Programme
- Catering Charges – Morning tea \$4.00 – Lunch \$6.00 – Afternoon tea \$4.00 – Late Snack \$4.00

2. I understand that if I agree to pay for the optional charge Smiths City Childcare Centre may enforce payment

3. The agreement to pay the optional charge will last for the term of this enrolment

4. The rules about making changes to the agreement are:

- Two week's notice of withdrawal for this particular curriculum extra

5. I understand that optional charges are not compulsory and if I choose not to pay there will be no penalty

6. I agree/do not agree to pay the optional charge for the activities/items specified in this enrolment agreement form

Parent/Guardian Signature: _____ Date: __/__/__

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Statutory Holidays/ Term Breaks

This enrolment agreement is inclusive of school term breaks

Our service is closed for all Statutory Holidays and no charge is made

Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times he/she is enrolled at Smiths City Child Care Centre

Parent/Guardian Signature: _____

Date: ___/___/___

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:

Person/s who can pick up your child:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone: (Home)	Phone: (Home)
Phone: (Work)	Phone: (Work)
Phone: (Mobile)	Phone: (Mobile)
Email:	Email:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone: (Home)	Phone: (Home)
Phone: (Work)	Phone: (Work)
Phone: (Mobile)	Phone: (Mobile)
Email:	Email:

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Health

Illness/allergies:

Does your child have any known allergies:

Have you chosen to have your child immunised

Tick one Yes No

Is your child up to date with immunisations:

Tick one Yes No

Immunisation record sighted and details recorded:

Tick one Yes No

Medicine

Category (i) Medicines – Over the Counter (O.T.C)

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

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**:

- Arnica Cream
- Savlon Antiseptic
- Insect repellent

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: ___/___/___

- I give permission for early childhood education students to observe my child and use photo/videos in their portfolios and understand that my child's name will not be used Yes/No
- I agree to staff applying sunscreen and nappy creams to my child as required Yes/No

Parent/Guardian Signature: _____ Date: ___/___/___

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- I agree to my child being observed, photographed and evaluated by centre staff, and records kept
- I agree to photos of my child and their work being displayed on our website and/or facebook page

Yes/No

Signed:

Permission to go on short local outings/walks

Yes/No

Ratio for all excursions: Under 3 = 1:3 Over 3 = 1:4

Signed:

Would you like you invoices emailed to you weekly

Yes/No

Email address for invoices:

Payment Options

Invoices are produced every Friday and are available in your oldest child’s pigeon hole. A 10% Penalty Surcharge will be made on all accounts overdue. We accept Eftpos or Cash and Internet payments are our preferred option.

Our Bank Account – Smiths City Childcare 03 0497 0304404 - 00

A bond of one weeks fees and the first weeks fees are payable in advance upon completion of the Enrolment Contract. The bond is refunded when the child goes to school or no longer attends Smiths City Childcare. For a comprehensive explanation of fee structure and payment details please refer to Page 7 Statement of fees.

I learned about Smiths City Childcare Centres from:

- | | | |
|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Local Paper | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Website | <input type="checkbox"/> Friend | <input type="checkbox"/> Leaflet |
| <input type="checkbox"/> “Beep” the car | <input type="checkbox"/> Google/Finda | <input type="checkbox"/> Other |

Please tick all that apply

We are always pleased to hear and discuss any concerns you may have about any aspect of our Centre. We value your input.

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STATEMENT OF FEES Effective from 01/06/2012

Whole Centre	\$6.50 per hour
Cancellation Fee	\$15.00 per day

ALL CANCELLATIONS MUST BE RECEIVED BY 8.00 AM ON THE DAY OF ABSENCE AT THE LATEST OR A FULL FEE WILL BE CHARGED.

1 weeks' bond is payable before your child's start date to secure a space at the centre. The bond will be paid back in to your account providing 2 week's notice of leaving the centre is given – otherwise the bond will be kept as payment for unpaid fees.

No refunds will be made.

First Enrolment: Stationery and Administration	\$40.00
Sun Screen (We use Cancer Society SPF 30+) (Does not apply if own Sunscreen product is supplied).	\$10.00

Payable on receipt of completed Enrolment Contract.

Catering

All children **over 12 months of age** will be charged the following for whatever meals are provided during the time frame of attendance.

Morning Tea	\$4.00	Lunch	\$6.00
Afternoon Tea	\$4.00	Late Afternoon Tea	\$4.00

(Only charged if your child is in for less than 7 hours per day)

Late Fee: If you fail to contact the Centre and are late collecting your child after closure at 5.30pm a fee of \$20 per 15 minutes will be applied

Transition to Bees Knees: \$15 fee for Stationary Reading – Curriculum extras is charged

Payment of Fees: I will agree to pay my account weekly/fortnightly in full. If my account is in arrears Smiths City Childcare may charge a surcharge of 10% of all outstanding fees. Fees are subject to change and may be increased at the discretion of the centre with 1 months notice to parents

- Fees are charged on your booked hours each day
- Invoices are placed in your child's pigeon hole each Friday or sent out by email for payment
- Payments can be made by cash, eftpos, automatic payment & direct debit
- A minimum of 2 week's notice will be given before a child leaves the centre, otherwise you will be charged
- I acknowledge that I will be held liable for any debt collection costs and interest outstanding fee

Policy Statement: Smiths City Childcare Centre has a number of policies that are set out with procedures that are in place for the care and education of your children. We strongly urge you to read these policies. Signing this enrolment form indicates you will abide by these policies, and understand you can have input at the time of the policy review.

I attest that I have read and understood the terms and conditions of this enrolment, that the information provided is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: ___/___/___

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Change of Days/Times of Enrolment:

Effective Date of Change: ___/___/___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: ___/___/___

Change of Days/Times of Enrolment:

Effective Date of Change: ___/___/___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
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For 20 Hours ECE fill out boxes below

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Parent/Guardian Signature: _____

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Parent/Guardian Signature: _____

Date: ___/___/___

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