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| Enrolment Agreement Form for Muddy Toes Early Learning Centre  |
| **⧫ Child’s details: National Student Number (NSN):** |
| 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 ❑ New Zealand passport❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Foreign birth certificate❑ Foreign passport**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 2020. 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: [eli.education.govt.nz](http://www.eli.education.govt.nz)  |
| **\*** Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://www.eli.education.govt.nz)**The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.** |
| **Parents / Guardians:** |
| **1. Given names:** | **2. Given names:** |
| **Surname / family name:** | **Surname / family name:** |
| 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: |
| **3. Given names:** | **4. Given names:** |
| **Surname / family name:** | **Surname / family name:** |
| 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: |

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| **Additional person/s who can pick up your child:** |
| **Given names:** | **Given names:** |
| **Surname / family name:** | **Surname / family name:** |
| Address: | Address: |
|  Post Code: |  Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |

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| **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) |
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| **Person/s who cannot pick up your child**: |
| Name: | Name: |
| Name: | Name: |
| **Additional Emergency Contacts (also able to pick up child):** |
| **1. Given names:** | **2. Given names:** |
| **Surname / family name:** | **Surname / family name:** |
| Address: | Address: |
|  Post Code: |  Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |
| **3. Given names:** | **4. Given names:** |
| **Surname / family name:** | **Surname / family name:** |
| Address: | Address: |
|  Post Code: |  Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |

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| **Child’s doctor:** |
| Name: | Phone: |
| Name of medical centre: |

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| **Health** |
| Illness/allergies: |
| Is your child up-to-date with immunisations?  | *Tick One* | Yes |  | No |  |  |
| (Please provide verification of all immunisations) |
| **For staff:** Immunisation records sighted and details recorded:  | *Tick One* | Yes |  | No |  |  |

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| **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. 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
 | * Insect bite cream
 |
| * Antiseptic liquid (i.e. Savlon, Dettol or similar)
 | * Sudocream
 |
| 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 or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service. |
| 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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) |
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| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Enrolment Details:** |
| Date of Enrolment:\_\_\_\_ /\_\_\_\_ / \_\_\_ | Date of Entry: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | Date of Exit: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |
| 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 |  |  |
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| 1. 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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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 Muddy Toes Early Learning Centre. |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Optional Charges:** |
| **The 20 Hour ECE funding rate has been calculated on the very basic regulated standards which we exceed at Muddy Toes Learning Centre. We are committed to maintaining a much higher standard of facilities, staffing and education than the minimum government regulated standard. This means that our operating costs for the centre are not fully covered by government funding.** **As a direct result, we have small optional charges for the families of children aged 3-5 years utilising 20 ECE hours as detailed below:**  |
| 1. The optional charge is $15 per day for: - Afternoon Tea - Nappies- Wipes- Sunblock- Child’s Portfolio |
| 2. I understand that if I agree to pay for the optional charge, Muddy Toes Learning Centre will enforce payment.  |
| 3. The agreement to pay the optional charge will last for the entirety of the enrolment.  |
| 4. The rules about making changes to the agreement are:  - Two weeks’ notice must be given by either party  |
| 5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.  |
| 6. I agree/do not agree (select one) to pay the optional charge for the items specified in this enrolment agreement form.  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / / **Work and Income New Zealand (WINZ)** You may be able to claim for a subsidy for your child’s attendance. A subsidy is based on gross (pre-tax) income of a family and the number of dependents in their care. Subsidies are not just for single income family earners but also for families with joint incomes. Do you qualify for a WINZ Childcare Subsidy? ❑ Yes ❑ No ❑ Unsure If you require assistance working out entitlements, please ask the Centre Manager at any time. Will you be applying for a Childcare Subsidy? ❑ Yes ❑ No If “yes”, the Centre Manager can supply you with a form. * A Childcare Subsidy is to support the total weekly charges for children’s attendances, making parents/caregivers responsible to pay the Centre the remaining amounts due weekly.
* WINZ subsidies are not paid to this service to clear outstanding amounts owed by families
* It is your responsibility as a parent/caregiver to ensure your child’s subsidy application, renewals or change of circumstances forms have been completed and received by WINZ. In the event your child’s

subsidy has been suspended or cancelled, you will be liable to pay full rate charges up until management has received confirmation from WINZ that your child’s subsidy has been renewed or started. Applications can be logged with WINZ through their 0800 number, or online. WINZ will backdate the application to the date of the call, up to a maximum of 20 days. |

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| **⧫ Statutory Holidays / Term Breaks** |
| This enrolment agreement is **inclusive** of school term breaks but exclusive of Public Holidays. |

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| **Permissions** |
| **Please indicate below whether you give permission for your child to:** |
| * **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service’s excursions policy). Adult to child ratio of 1:3children 0-2years old and 1:6children 2-6 years old. The walks will be to the local reserve or beach. Yes No
* Have their hearing / vision tested when specialists visits Yes No
* Be taken to a medical centre in the case of an emergency (cost to be covered by the parent) Yes No
* Be included in photo’s on our Muddy Toes Families Page on Facebook (Private Group) Yes No
* Be photographed by teachers for wall displays and learning stories Yes No
* Have sunblock applied by teachers Yes No
* **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation on Storypark Yes No
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| **Other information**  |
| * **Policy Statement:** Muddy Toes ELC has 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.
 |
| * **Parent Information**: Please ensure you have read the information in the parent info pack as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
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| **⧫ Parent Declaration** |
| I declare that all the above information is true and correct to the best of my knowledge. |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Service Declaration** |
| On behalf of Muddy Toes ELC, I declare that this form has been checked and all relevant sections have been completed. |
| Service Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |