



**Bright Beginnings
Early Learning Centre**

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:

Bright Beginnings

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.eli.education.govt.nz

* Information about acceptable identity verification documents is available online at

: 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.



**Bright Beginnings
Early Learning Centre**

| 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: |

| 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): |
| Relationship to child: | Relationship to child: |

| 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 <u>cannot</u> pick up your child: | |
| Name: | Name: |
| Relationship to child: | Relationship to child: |



**Bright Beginnings
Early Learning Centre**

| 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: |
| 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: |

| Health | |
|---|---|
| Does your child have any of the following conditions: If Yes, please put a tick in the box; | |
| Asthma | Diabetes |
| Epilepsy | Eczema |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies & Intolerances- If Yes, Please Specify <input type="checkbox"/> | |
| <i>Where lifetime learning begins...</i> | |
| Is your child up-to-date with immunisations? | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (Please provide verification of all immunisations) | |
| For staff: Immunisation records sighted and details recorded: | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Parent/Guardian Signature: _____ | Date _____ / _____ / _____ |



**Bright Beginnings
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Medicine - Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insectbite 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

▪

▪

▪

Parent/Guardian Signature: _____ Date: ____/____/____

Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops, **Bonjela** 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: ____/____/____

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: ____/____/____

Child's doctor:

Name:

Phone:

Name of medical centre:



**Bright Beginnings
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| 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: ___/___/___ | | |

| 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? | | | | | |
| <i>Tick One</i> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Yes</td> <td style="width: 20px; height: 20px;"></td> <td style="padding: 5px;">No</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | Yes | | No | |
| Yes | | No | | | |
| 2. Is your child receiving 20 Hours ECE at any other services? | | | | | |
| <i>Tick One</i> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Yes</td> <td style="width: 20px; height: 20px;"></td> <td style="padding: 5px;">No</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | Yes | | No | |
| Yes | | No | | | |
| If yes to either or both of the above, please sign to confirm that: | | | | | |
| <ul style="list-style-type: none"> ▪ 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: ___/___/___ | | | | | |



**Bright Beginnings
Early Learning Centre**

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 [insert name of service].

Parent/Guardian Signature: _____ Date: ____/____/____

Optional Charges:

1. The optional charge is for excursions only.

Excursion means –

- i. being outside the licensed premises whilst receiving education and care from the service; but
- ii. does not include an excursion for the purposes of emergency evacuations, drills or the receipt of urgent medical attention.
- iii. regular excursion means – excursions that parents have agreed to at the time of their child's enrolment, that are part of an ongoing planned and consistent routine of education and care.
- iv. special excursion means – excursions that parents have agreed to prior to the excursion taking place, that are not a regular excursion;

Parents will be informed of excursions via newsletter, and entry costs payable to excursion site, if any will be collected by teaching team, to be handed over to excursion venue management.

2. I understand that if I agree to pay for the optional charge, Bright Beginnings Early Learning Centre may enforce payment.

3. The agreement to pay the optional charge will last for the enrolment period.

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

- i If the agreement is ceased for any reason
- ii If the parent has not been duly informed of the excursion

5. I understand that that 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 activities/items specified in this enrolment agreement form.

Parent/Guardian Signature: _____ Date: ____/____/____



**Bright Beginnings
Early Learning Centre**

- Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive / exclusive** of school term breaks.

This service is not open on Statutory Holidays

Please indicate below whether you give permission for your child to: -

| | |
|---|--------|
| Attend small local walks with an adult to child ratio of no more than 1 adult to 3 children | Yes/No |
| Have the Public Health Nurse visit when she calls | Yes/No |
| Be taken to the Medical Centre in the case of an emergency | Yes/No |
| Be photographed by our early childhood staff, students or other parents for centre display or portfolio purposes only | Yes/No |
| Be part of the centre website via photos, documentation and social media | Yes/No |

Signature of Parent:

Date:

In signing this enrolment form I hereby:

- Agree to pay the fees on the basis of the current "Fees Schedule" as attached and agree to pay my child's fees at least one week in advance. I understand that my child's place may be forfeited if the fees are not kept up to date.
- Agree to abide by the Centre policies and rules as outlined in the "Parents Handbook" of which I have been given a copy.
- I advise that I have applied for a Department of Work and Income Childcare Subsidy
Yes/No Hours applied for _____
- I hereby understand that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to another child.
- I understand that I must hand all medication to staff on admission and sign the medication book.
- I verify that the information that I have given above is true and correct.
- I understand that any kind of extraordinary behaviour (intoxication, adult conflict on the premise, abusive language and physical violence on the premises) by me or my family members will result in immediate termination of my child's enrolment.

Name _____

Signature _____ Date _____

The Management of Bright Beginnings Early Learning Centre. Undertakes to collect, use and store the information you provide on this form according to the principles of the Privacy Act 1993. The information will be used to prepare rolls and records required by the Ministry of Education, Department of Work and Income for administrative purposes. Confidentiality will be maintained.



**Bright Beginnings
Early Learning Centre**

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 **Bright Beginnings Early Learning Centre**, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____/____/____

How did you hear about our centre?

- Yellow Pages
- Local paper advertisement
- Referral from another parent
- Other - _____

Location of Centre:

- Mt Roskill**
- Panmure**
- Howick**
- Hamilton**

**Beginnings
Learning Centre**

Where lifetime learning begins...

Office only - Parent has been given the following information on enrolment

- Enrolment form
- Fees schedule
- Parent Handbook

- Staff have sighted and copied Immunization Booklet.
- Staff has copied birth certificate/passport
- Staff has copied caregiver's ID