

Enrolment Agreement Form



Today's date: ____/____/____

Child's first names:			
Surname:			
Name child is known as :		Ethnic origin:	
Iwi / Rohe (home area):			
Date of birth:		Male	Female

Parent/Guardian first names:		
Parent/Guardian last name:		
Address:		
Phone (home):	Work:	Mobile:
E-mail address:		
Place of work:		

Parent/Guardian first names:		
Parent/Guardian last name:		
Address:		
Phone (home):	Work:	Mobile:
E-mail address:		
Place of work:		

Emergency Phone Numbers

Name:	Phone:
Name:	Phone:
Doctor:	Phone:

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 the boxes below with the hours attested, eg 6 hours

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:

Parent/Guardian signature: _____ **Date:** ____/____/____

Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Kids at Home Limited.

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? 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 the 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 Kids at Home Ltd 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 attestation.

Optional charges – an “optional charge” is any amount paid to your educator above the amount of the 20 Hours ECE subsidy from the MOE. The optional charge is for the provision of additional resources/use of vehicle/informal food/pick up and drop off services/caring for children’s siblings/use of linen/flexibility of care.

- I understand that if I agree to pay for the optional charge, Kids at Home Ltd may enforce payment.
- The agreement to pay the optional charge will last until the child turns five (5) years of age.
- The rules about making changes to the agreement are that the change must be negotiated through the Kids at Home office.
- I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
- I agree/do not agree to pay the optional charge for the activities/items specified in this enrolment form.

Parent/Guardian signature: _____ Date: ____/____/20____

Statutory Holidays/Term Breaks

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

Kids at Home Ltd is open on the following public holidays if they fall on a week day. Please tick the days you wish your child to be specifically enrolled for:

- | | | |
|---|--|--|
| <input type="checkbox"/> New Years Day | <input type="checkbox"/> Day after New Years Day | <input type="checkbox"/> Waitangi Day |
| <input type="checkbox"/> Good Friday | <input type="checkbox"/> Easter Monday | <input type="checkbox"/> ANZAC Day |
| <input type="checkbox"/> Queen's Birthday | <input type="checkbox"/> Labour Day | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> Boxing Day | <input type="checkbox"/> Local Anniversary Day | |

General information

Is the educator who will be providing education and care for your child a member of the child's family? Tick one Yes No

If yes, what is the relationship of the educator to your child? _____

Parent/Guardian signature: _____ Date: ____/____/____

Is there anything else we should know about to ensure that your child receives safe and appropriate care? (e.g. custody disputes, Protection Orders, etc.) _____

Person/s who CAN pick up your child

Name:		Phone:	
Address:			

Name:		Phone:	
Address:			

Person/s who CANNOT pick up your child:	
Name:	
Name:	

I give permission for Visiting Teachers/educators to photograph my child for promotional/advertising purposes. Yes No

I give permission for Visiting Teachers/educators to photograph my child for insertion into their individual Profile Book. Yes No

I give permission for my child's name to be printed in our newsletter. Yes No

I give permission for my child's educator to take her/him/them on walks, outings, or car trips within the boundaries of our home town. Yes No

Parent Declaration

I declare that all of the above information is true and correct to the best of my knowledge.

Parent/Guardian signature: _____ Date: ____/____/____

Kids at Home Ltd Declaration

On behalf of Kids at Home Ltd, I declare that this form has been checked and all relevant sections have been completed.

On behalf of Kids at Home Ltd: _____ Date: ____/____/____

ADDITIONAL INFORMATION

CHILD'S HISTORY

Does the child currently suffer from any illnesses? Yes No

Details: _____

Prescribed medication or treatment for the above: _____

Any significant illnesses suffered in the past? _____

Has the child been hospitalised for any reason? _____

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.

Do you approve category (i) medicines to be used on your child? Tick one Yes No

Please tick the category (i) medication groups that can be used on your child.

Arnica cream Antiseptic creams/liquids Insect bite treatments

Has your child any health problems or allergies that we should be informed of?

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/guardian.

SPECIAL NEEDS

Does the child have any special needs (eg. hearing, vision, physical disability?) _____

At what age were these special needs diagnosed or acquired? _____

Any special management strategies or requirements from the educator to meet the child's individual needs? _____

Other agencies involved in the child's development? (eg. speech therapist, CCS) _____

CHILD'S DEVELOPMENT

Hearing: _____ Eyesight: _____

Speech: _____ Physical: _____

Social/Emotional: _____

Is your child used to being with other children? Yes No

How does your child respond to new situations? _____

Does your child have any particular fears and how can your child be comforted if exposed to a fearful situation? _____

CHILD'S CULTURAL, RELIGIOUS BACKGROUND

Parent 1: Country of Birth: _____ Religion (optional): _____

Parent 2: Country of Birth: _____ Religion (optional): _____

Child's country of birth: _____

Language spoken in the home: _____

Child's religion (optional): _____

GENERAL

Policy Statement – Kids at Home Ltd has a number of policies that set out the procedures in place for the care and education of children who attend the service. 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 have input to policy review.

Parent Information Book – please ensure you have read the information in the parent handbook 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.

Immunisation Register

Some

Complete 15 months

Diphtheria		Hep B		Pertussis		Polio	
Tetanus		Pneumococcal		Hib		Measles	
Mumps		Rubella					

MeNZB complete

No. Of doses

Complete 4 years

Diphtheria		Pertussis		Polio		Tetanus		Measles	
Mumps		Rubella							

Certificate not seen

Not immunised

PLEASE SUPPLY A COPY OF YOUR CHILD'S BIRTH CERTIFICATE.

Are there any other comments which will assist us in the care of your child? *(Please continue on another piece of paper if there is more information that you would like to tell us.)* _____

Sighted by: (VT) _____ Date: _____

Please supply a copy of immunisation certificate with enrolment.

FOR OFFICE USE ONLY

Kids at Home Ltd – educator details:

Name:	
Kids at Home Ltd Visiting Teacher:	

Copy of contracts/enrolment form sent to educator. Date: _____

Copy of contracts/enrolment form sent to parents. Date: _____