

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 with a comma)

Name your child is known by / preferred name:

Surname / family name: _____ Given name: _____

Copy of official identity document* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff Initials: _____

Child's date of birth: dd / mm / yyyy

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

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 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.

ANY CHANGES TO THIS FORM **MUST** BE SIGNED AND DATED BY THE PARENT/GUARDIAN.

Parents / Guardians

Surname _____ First Name _____		Home _____ Work _____ Mobile _____		
Parent 1: _____		Phone: _____ / _____ / _____		
Number _____ Street _____ Suburb _____		Email: _____		
Address: _____				
Surname _____ First Name _____		Home _____ Work _____ Mobile _____		
Parent 2: _____		Phone: _____ / _____ / _____		
Number _____ Street _____ Suburb _____		Email: _____		
Address: _____				
Surname _____ First Name _____		Home _____ Work _____ Mobile _____		
Guardian 1: _____		Phone: _____ / _____ / _____		
Number _____ Street _____ Suburb _____		Email: _____		
Address: _____				
Surname _____ First Name _____		Home _____ Work _____ Mobile _____		
Guardian 2: _____		Phone: _____ / _____ / _____		
Number _____ Street _____ Suburb _____		Email: _____		
Address: _____				
Does your child attend church? Yes No		If yes, which Church _____		

Access / Custodial

Additional persons authorised to collect your child			
Name: _____		Home _____ Work _____ Mobile _____	
Phone: _____ / _____ / _____			
Number _____ Street _____		Suburb _____	
Address: _____			
Name: _____		Home _____ Work _____ Mobile _____	
Phone: _____ / _____ / _____			
Number _____ Street _____		Suburb _____	
Address: _____			
Persons forbidden access to your child			
Name: _____		Name: _____	
Name: _____		Name: _____	
Are there any custodial arrangements concerning your child? _____			
<small>(If yes, please inform the Team Leader and provide a copy of official documentation)</small>			

Emergency

Emergency Contacts: To be used in case of emergency only. Please ensure they are different from names listed above			
Name: _____		Home _____ Work _____ Mobile _____	
Phone: _____ / _____ / _____			
Name: _____		Home _____ Work _____ Mobile _____	
Phone: _____ / _____ / _____			

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KingsView Early Learning Centre, 14 Yewlett Crescent, Frankton, Queenstown 9300 | Phone: (03) 451 1447

PO Box 2113, Wakatipu, Queenstown 9349 | Email: preschool@kingsview.school.nz | www.kingsviewearlylearningcentre.com

Name of your child's Doctor: _____

Name of Medical Centre: _____ Telephone No: _____

Has your child's immunisations been completed? Yes No

Please provide a named copy of your immunisation certificate

Does your child have any Medical Conditions, Allergies or Health Problems? If so, please list below.

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? Yes No

Name/s of specific category (i) medicines that can be used on my child, provided by service:

- arnica
- insect bite cream
- sunscreen
- nappy rash cream and/or corn flour.

Parent/Guardian Signature: _____ Date: _____

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: _____

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: 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: _____

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Enrolment details

Session times are usually as follows:

Morning 8:30/9am - 12:00pm Afternoon 12pm - 3:15pm Full Day 8:30/9am - 3:15pm

Please indicate which sessions you require on which days

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Date of enrolment: _____ / _____ / _____ (to be advised by Team Leader or Centre Administrator)

To be filled in on cancellation of enrolment

Date of exit: _____ / _____ / _____

Parent/Guardian
Signature: _____

Date: _____

20 Hours Attestation

Please wait to complete this section in discussion with Centre Administrator.

20 Hours Early Childhood Education is for **children aged from 3 - 6 years** and is for up to **six hours per day**, up to **20 hours per week**. If you receive 20 Hours ECE at KVELC or at another centre please record those hours below.

	Monday	Tuesday	Wednesday	Thursday	Friday	
20 Hours ECE at KVELC						Total number of hours:
20 Hours ECE at another service						Total number of hours:
Parent/Guardian Signature: _____						Date: _____

20 Hours Early Childhood Education details (ECE)

Is your child receiving 20 Hours Early Childhood Education for up to 6 hours per day, 20 hours per week at KingsView Early Learning Centre?

Tick one: Yes No

• 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 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: _____

Administrator Signature: _____ Date: _____

On behalf of KingsView Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Dual

Dual Enrolment Declaration: I hereby declare that my child is not enrolled in any other Early Childhood institution at the same times that he/she is enrolled at KingsView Early Learning Centre.

Parent/Guardian Signature: _____ Date: _____

Permission

I give permission for the following:

Yes / No

For my child to visit the KingsView School property at 14 Yewlett Crescent, accompanied by centre staff, for special KingsView School events or for daily access/visits to the adventure park or hall for other activities within the regular programme. Ratio in these cases will remain as per centre ratio.

For my child to go on scheduled regular trips off the property at 14 Yewlett Crescent, the ratio of 1 adult to 2 children for under 2 year olds and 1 adult to 4 children for over 2 year olds will apply as per Centre Policy. (Excursions involving travelling in vehicles will require a consent form to be filled out prior to the trip).

To have photos or videos taken for Profile books and/or Group Programme Displays.

For medical attention to be obtained for my child in an emergency.

For photos or videos of my child to be used by KingsView Early Learning Centre for advertising purposes (i.e. newsletters, brochures, on our website, in our office, sent to organisations we have visited).

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Optional Charges

Optional charges are for the care and education of children that are over and above regulatory standards.

1. The optional charge is for; morning and afternoon teas, a personalised sunhat, sunscreen lotion and special excursions.
2. I understand that if I agree to pay for the optional charge, KingsView Early Learning Centre may enforce payment.
3. The agreement to pay the optional charge will last for 12 months from the date of enrolment and will then be reviewed annually.
4. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
5. 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: _____

Payment of Fees

- I understand that I am to pay fees on a weekly or fortnightly basis unless an agreement is formed between myself and the administrator for another time frame.
- I understand that if my account is in arrears my child's enrolment may be cancelled with one weeks notice.
- I accept that the responsibility for payment of fees rests with me, irrespective of any arrangement with third parties, for example, WINZ, for payment.
- The centre reserves the right to change the fee rates and fee policy at any time following reasonable notification in writing to all affected families.

Late Fee

I acknowledge that if my child is picked up later than 10 minutes after the end of a session, this has an impact on the programme and staffing. I may therefore be required to pay a late fee of \$10.

Change or Cancellation of Enrolment

I understand that, to meet administrative and staffing demands, one weeks written notice is required to change my child's enrolment booking and two weeks written notice is required to permanently cancel my child's enrolment in every case.

Holidays / Statutory Holidays / Illness

- I understand this enrolment agreement is inclusive of school term breaks.
- I understand the centre will be closed on statutory holidays and fees will not be charged for these days.
- I understand KingsView Early Learning Centre will be closed for 6 weeks from mid-December until the end of January and fees will not be charged for these days.
- I understand that fees will be charged for illness and extended absences.

20 hours ECE:

I understand that if my child attends over 6 hours per day or 20 hours per week and is enrolled for 20 hours ECE per week I will be required to pay the appropriate Centre fees.

Parent/Guardian 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 KingsView Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Administrator / Team Leader Signature: _____ Date: _____

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