

Centre Admin Records

Enrolment Agreement Form

_____ Playcentre

◆ Child's details:

Child's official full name:

Date of Birth:

Name your child is known by / preferred name:

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):

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:

Child's doctor:	
Name:	Phone:
Name of medical 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:

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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 sunblock to be used on your child?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you approve category (i) medicines to be used on your child?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
▪	▪
▪	▪
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.	
For staff: Individual health plan sighted and a copy taken:	Tick One: Yes <input type="checkbox"/> No <input type="checkbox"/>
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: ____ / ____ / ____

◆ 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 <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	
	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
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. ▪ If you have any queries about your child's current enrolled days and times, please contact the North Shore Playcentre Bulk Funding Co-ordinator. 	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

◆ Optional Charges:

If you request Optional Charges, this agreement must be included as part of your service's Enrolment Agreement Form.

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

1. The optional charge is for: (give details of specific activities or items, and their costs)

▪

▪

2. I understand that if I agree to pay for the optional charge, _____ Playcentre may enforce payment.

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

4. The rules about making changes to the agreement are: (you must give the parent reasonable opportunity in which to change their mind):

▪

▪

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: ____ / ____ / ____

◆ 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.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at

www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

I understand:

1. I agree to adhere to the commitments as set out in the North Shore Playcentre Association Enrolment Policy.
2. I will complete Course 1 and 2 of the Playcentre Parent Education program within four terms of enrolment in Playcentre.
3. I understand decisions within the Centre and Association will be made by consensus decision making and consultation.
4. I will participate in the running of the Playcentre by attending Playcentre meetings and doing my rostered Session-Duty.
5. I agree to abide by the rules and policies of _____ Playcentre, located in the office and available at any time for viewing. I have read the following policies: Sleeping Children; Child Protection; Excursions; Smoke-free/Drug-free; and Providing Positive Guidance.
6. I understand the ratios for Playcentre excursions are set after a risk analysis of the excursion is completed, and I or my caregiver will sign the trip register for my child to go on a Playcentre outing, on the day of the outing, and after the ratio has been set in consultation with the other families attending the excursion.
7. I give permission for my child to go on spontaneous supervised walks as noted in the Excursions Policy as regular outings.
8. I agree to pay Membership fees each term as set at the Annual General Meeting or a Special Meeting.
9. I will notify the President or Rosters Officer if I no longer wish my child to remain enrolled at Playcentre.
10. Observations of my child at play and in routines will be kept as required by the Ministry of Education. I accept that this information is used for individual and group programme planning to ensure that the child's needs are met.
11. I understand that I have full access to all information kept in my child's individual file.
12. I understand my child's enrolment form is required to be kept for a period of up to 10 years and will be kept secure, accurate and confidential in accordance with the provisions of the Privacy Act 1993, at the end of my child's enrolment all other information will be given to me.
13. I give consent for my child to be observed by members of this Playcentre who are working on Playcentre's Parent Education Programme.
14. I give consent for varied multimedia forms of observation to be taken of my child as part of the planning, evaluation and assessment process.
15. I agree to advise the Playcentre of any changes to the information on this form, e.g. change of address, telephone, emergency contact, in order that all information is current.
16. I understand that by signing this document these details may be viewed by any Playcentre parent/employee under the 1992 Privacy Act, and my contact details may be used in the Playcentre's contact lists/newsletters as needed and North Shore Association's office holder contact list.

◆ 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 _____ Playcentre, I declare that this form has been checked and all relevant sections have been completed.

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