

Enrolment Agreement Form for

Kinderen Day Care Centres Ltd T/A Kinderen Early Childhood Education

**Infant and Toddlers 66 Buller Street
children from Birth to 3-year-olds**

*This form contains **regular enrolment** information for early childhood education services.*

Any changes to the original enrolment agreement form **must** be signed and dated by the parent/guardian. Please fill out all sections of this form as required for funding and licensing requirements. This is a legal and binding agreement. If you have any questions, please ask CEO Shona Flannery.

Please note that acceptance of enrolment of your child at this service is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. Management reserves the right to terminate enrolment or vary the conditions.

Child's details:

Child's **official given name:**

Child's **official surname or family 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* sighted by staff: NSN _____

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Child's date of birth: / /

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Knowing your family's ethnicity helps us with curriculum planning and ministry's statistics

Would you like to tell us about your family history:

Child's primary residential address:

Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).

Any changes to this form **must** be signed and dated by the parent/guardian.

Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

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:
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
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 (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
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 cannot pick up your child:

Name:	Name:
Relationship to child:	Relationship to child:
Name:	Name:
Relationship to child:	Relationship to child:

Additional Emergency Contacts: (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):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

Child's Doctor:

Name:	Phone:
Name of medical centre:	Address:

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Disaster Response/ Civil Defence Information:

Kinderen on Buller Street is not in a tsunami or flood zone area so we would be best to stay at Kinderen.

As part of our disaster response planning, it is vital that we know if you will be available/contactable in an emergency pickup or if you are likely to be part of the response team working with Civil Defence.

Are any of your listed parents/guardians likely to be part of an emergency response team? Yes No

If yes, who of the already listed contacts would you nominate as the best contact person for your child for immediate action? (Please state the number next to their name) _____

If we are unable to contact you or you are unavailable because you are part of an emergency response team, do we have permission to:

- If for any reason we are not able to stay at Kinderen 66 or 31 Buller Street, West End Bowling Club has offered to host us in an Emergency, and we will evacuate to 101 Cutfield Road.

Yes No

- If we are asked to evacuate by Civil Defence our area, we will go to NP Racecourse.

Yes No

Is there anything else we should know about in relation to this issue?

Statutory Holidays / Term Breaks

Term Breaks This enrolment agreement is **inclusive** of school term breaks.

Statutory Holidays Kinderen is closed. A flat fee per week that takes account of those days the service is closed. Waitangi Day, Taranaki Anniversary, Good Friday, Easter Monday, ANZAC, Kings Birthday, Matariki, Labour Day, Christmas Day, Boxing Day, New year, and Boxing Day.

Between Christmas and New Year, Kinderen is closed during this time.

Kinderen will have a teacher only day in January of each year.

The Administration Manager can provide you with dates

Health:

Illness/Allergies: Notes

Children who are at heightened risk of illness. i.e.. those with low immunity.

Is there anything we should know about your child:

Has your child been immunise: *Circle One* Yes No Comment:

Is your child up to date with immunisations?

Tick One Yes No

(Please provide verification of all immunisations) To what age? _____

<input type="checkbox"/> Birth	<input type="checkbox"/> 5 months	For staff: Immunisation records sighted, and details recorded: <i>Circle One</i> Yes No
<input type="checkbox"/> 6 weeks	<input type="checkbox"/> 12 Months	
<input type="checkbox"/> 3 months	<input type="checkbox"/> 15 months	

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In the event of an accident or emergency involving my child,

I/we authorize the Centre to seek such advice or treatment as it deems necessary in the best interests of my/our child, while making all efforts to contact a parent/guardian.

Yes No

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.

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

Arnica Cream (topically for small bumps and bruises)
 Yes No

Pawpaw healing cream for skin irritations
 Yes No

Insect repellent (to prevent insect bites)
 Yes No
Supply your own if your child has sensitive skin.

Sudocrem healing skin cream for nappy rash.
 Yes No
Talcum powder - this will only ever be used to assist us in cleaning sand from the nappy area
 Yes No

Name of Insect repellent:
.....

Sunscreen (used for sunburn protection)
 Yes No
Supply your own if your child has sensitive skin.

Any medications you may want us to use regularly that you have supplied add here.

Name of medication:

Instructions:

Name of sunscreen:
.....

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Medicine: Category (ii)

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 and specific symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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Category (iii) Medicines - Health / Allergy Plans:		N/A	Tick <input type="checkbox"/>
Definition - a prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream etc).			
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: <i>Tick One:</i>		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)			
I APPROVE the administration of the category (iii) prescription medicines detailed in this form to be used on your child in accordance with the prescription instruction. Parent/Guardian Signature: _____			Date: ____/____/____ ____
Required Information for Licensing Purposes and Curriculum activities.			
Photo/video: permission for the child to be photographed for the purposes of assessment, planning and evaluation in accordance with Kinderen's privacy policy.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Media: Kinderen has a private group Facebook page. We use this to keep you posted on upcoming events and show snippets from our days /trips. Do you give permission for photos that may contain your child to be used on Kinderen's Facebook pages?		Private <input type="checkbox"/> Yes <input type="checkbox"/> No	
Learning Records: Kinderen uses an on-line portfolio system called Storypark to document each child's learning pathways, interests, and skills as they grow and learn. It records stories, often with photos and/or videos, of the activities your child takes part in at Kinderen. It is very interactive, and parents are invited and warmly welcomed to record their own stories, photos and videos as well as commenting on teacher's entries. Costs for producing the documentation in these portfolios is \$10.00 per term . If you do not have online access, please advise us so we can print a paper copy for you.		Online Portfolios <input type="checkbox"/> Yes Paper <input type="checkbox"/> Yes	
Written Permissions for advertising materials			
We would love to use a selection of photographs of Kinderen children in our advertising. We need your permission to do this and would appreciate it if you could fill out the boxes below to confirm this. If you would prefer not to have your child's photo used this is not a problem, just cross out the No option below.			
Kinderen Website is one of our main source of advertising		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facebook our business profile is one of our main source of advertising and is open to the public, where we will use photos of your child playing with a story. Children's names will not be printed on this site.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Client handbook and brochures: These photos will be shown/approved by the parent before using.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Enrolment Details:WINZ Subsidy? Yes No

Date of Enrolment: ___/___/___ Date of Entry: ___/___/___ Date of Exit: ___/___/___

Please Note: At pre-school 31 Buller Street three- and four-year-olds are entitled to 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week**. A 20 Hours ECE booklet is available in the office.

ATP childcare printed form is part of your enrolment- At any time a parent may review and alter days and hours by signing this form.

Starting part time hours Date ___/___/___ Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Times Enrolled: i.e.: 9am – 3 pm						
Permanent hours Date ___/___/___ Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Times Enrolled: i.e.: 9am – 3 pm						

Dual Enrolment Declaration

I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same time that he/she is enrolled at Kinderen Day Care Centre Ltd.

Parent/Guardian Signature: _____ Date: ___/___/___

Other information possible to include on this Enrolment Agreement Form

Policy Statement: Kinderen Day Care Centre Ltd 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.

Privacy Statement: All personal information on your child will be kept securely and remain confidential.

Parent/caregiver Information Book: Please ensure you have read the information in the parent/caregiver 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 Kinderen.

Child's strengths, interests and preferences: Please continue to tell us about your child's strengths, interests and preferences during the period of your child's enrolment. A form will be included with this enrolment pack that needs to be returned along with this agreement.

Term of this agreement

Unless otherwise specified elsewhere in this document this agreement applies for the period from which it is first signed until and will last until the child leaves the centre.

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Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge. I understand that this is a legal and binding contract.

I agree to pay the fees charged for my child's enrolment at the centre, in accordance with the Fees Schedule published.

I agree to pay outstanding fees to the centre by the due date and that if I fall to do so I will be liable for any additional debt collection costs.

I understand that my child may be photographed or videoed from time to time as part of the centre's assessment, planning and evaluation practices. No image of my child will be used for promotional or other purposes without my separate written consent.

I have read and understand the Privacy Statement on the front of this form. Further, I understand that personal information about my child, including images of my child undertaking learning or an activity at the centre, images of something my child has produced (such as artwork) and stories and experiences of teaching staff involving my child, may be collected from time to time for the purpose of supporting the centre's teaching staff in their professional development and recertification with the Education Council. I agree to the collection, use and disclosure of information for this purpose. I understand that any items and personal information collected for this purpose may be retained for up to three years. Such items may be viewed by the teacher, their mentor, centre management and representatives of the Education Council of New Zealand and the Education Review Office. No images of my child's work will be made publicly available or used for any other purpose without my separate written consent.

I **AGREE / DO NOT AGREE** to my child participating in any regular excursions from the centre.

(See attached Excursions form) I will be notified in advance of any special or one-off excursions and be invited to AGREE or NOT AGREE to each.

I hereby declare that my **child is/is not enrolled** at another early childhood institution at the same time that he/she is enrolled at Kinderen Day Care Centre Ltd.

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

Service Declaration

On behalf of Kinderen Day Care Centre Ltd I declare that this form has been checked and all relevant sections have been completed.

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

***A copy of this agreement will be supplied for you
on acceptance of your child's place.***



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