



River Kids Early Learning Enrolment Agreement Form

Date of first attendance: dd / mm / yyyy		
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: name:	Given	
Official Identification document/s sighted by staff:		
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____		Staff initials: _____
Child's date of birth: dd / mm / yyyy	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
Child's primary residential address: _____		
		Post Code:

Privacy Statement

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

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

Parents / Guardians

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Date of Birth:	Date of Birth:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Employer:	Employer:
Email:	Email:
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:
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Name:	Name:
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Additional Emergency Contacts (also able to pick up child)

1. Given names:	2. Given names:
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Surname / family name:	Surname / family name:
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Address:	Address:
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Post Code:	Post Code:
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Phone (Home):	Phone (Home):
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Phone (Work):	Phone (Work):
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Phone (Mobile):	Phone (Mobile):
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Email:	Email:
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3. Given names:	4. Given names:
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Surname / family name:	Surname / family name:
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Address:	Address:
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Post Code:	Post Code:
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Phone (Home):	Phone (Home):
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Phone (Work):	Phone (Work):
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Phone (Mobile):	Phone (Mobile):
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Email:	Email:
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Enrolment Details						
Date of Enrolment: ____/____/____ Date of Entry: ____/____/____ Customer Number: _____ Join Date: ____/____/____ 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. For 20 hours ECE fill out the box below with the hours attended e.g 6 hours						
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:
Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child receiving 20 Hours ECE at any other services? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> 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: ____/____/____

Fees	
I agree to pay fees in advance in accordance with the centre's fee schedule for the greater of time booked or attended.	
I understand that my child must attend hours I have applied for and I agree to pay fees as per the fee schedule for the time booked whether my child attends or not, except for any hours attended as 20 hours ECE	
I agree in the event of fees being in arrears I acknowledge a late payment fee and/or interest will be charged in addition to fees, interest and late payment changes. Late payment of fees may result in my child's space being cancelled and all debt collection fees payable by me.	
I agree in the event of non-payment of my account, that the full details of my enrolment and any relevant information may be forwarded to a collection agency for the purpose of collection of outstanding fees.	
I agree to give two weeks advanced notice in writing when cancelling my child's booking in accordance with the centre's policy	
Where this is signed by more than one person, we agree that we jointly and severally are liable for all fees and costs that may be incurred such as excursions, swimming, jumping beans, photos or any other costs that have been agreed to.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Fee Schedule

UNDER 3 YEARS:

2 days

3 days

4 days

5 days

6 HOURS PER DAY (maximum 6 hours)

\$80.00

\$120.00

\$160.00

\$190.00

UNDER 3 YEARS:

2 days

3 days

4 days

5 days

FULL TIME (6 plus hours)

\$100.00

\$150.00

\$190.00

\$240.00

OVER 3 YEARS:

2 days

3 days

4 days

5 days

20 FREE HRS ECE (maximum 6 hour days)

Free

Free

\$35.00

\$70.00

OVER 3 YEARS:

2 days

3 days

4 days

5 days

20 FREE HRS ECE (Fulltime - 6 plus hours)

\$35.00

\$45.00

\$75.00

\$130.00

***Holidays:** Up to 4 weeks a year at 50% off during holidays

Term Breaks / Statutory Holidays

This enrolment agreement is inclusive of school term breaks
River Kids Early Learning services do not operate on statutory holidays

Work and Income

I am applying for Work and Income childcare subsidy prior to my child starting at this centre

Yes No

I understand that I am responsible for any fees not covered by my subsidy
Any over payment made by work and Income will not be offset against any outstanding balance or paid out to the person responsible for payment of fees

I confirm that I have made full application for a subsidy prior to my child starting at this centre.

Date of application: ____ / ____ / ____

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

Child's doctor

Name:	Phone:
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Name of medical centre:

Health

Illness/allergies:

Is your child up-to-date with immunisations? *Tick One* Yes No

(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded: *Tick One* Yes No

Health and Safety (Please tick to acknowledge you have read these)

Any child with diarrhoea or vomiting is required to stay home until 48 hours AFTER the symptoms have settled.

I am aware of the health-related policies, and have been informed of these by the Centre Manager (our policies are displayed in a folder in the entrance of our Centre)

Yes No

I give permission for my child's head to be checked for head lice by the centre Manager.

Yes No

I am aware that in the case of my child having head lice, I will be asked to collect my child and keep them home until they have been treated

Yes No

I give permission for centre staff to apply a NZ approved sun block, insect repellent and zinc to my child

Yes No

Does your child have any specific dietary requirements?

Yes No

Please specify: _____

I consent to vision, hearing and tympanometry tests, for my child and consent to the results of these tests being discussed with my child's teacher and centre manager if necessary.

Yes No

Does your child have any chronic illness/conditions or special educational needs that the centre should be aware of?

Yes No

Please specify: _____

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

Medicine

Centre staff will administer medication to your child. These staff will be provided with information and or training relevant to the task. A record of training and information provided to adults who administer medication to children will be kept. **For safety reasons, medications must be within the expiry date, and must be prescribed by a doctor.** It must have:

- Childs CORRECT name on it
- Dosage
- Medication name
- Expiry date
- And the prescribing doctor

No medication will be administered without the correct authorization, UNLESS in an emergency, by an ambulance personnel.

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

Category (i) Medicines	
<p>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.</p> <p>Note: The service must provide specific information about the category (i) preparations that will be used.</p>	
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
<p>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.</p>
<p>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.</p>
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Category (iii) Medicines
<p>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.</p>
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)
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Excursions

As part of our programme to support children's strengths and interests we on occasions may take children on spontaneous short local walks or regular excursions. The adult ratio will be no less than regulated for each excursion (*please see below*) and a risk management form will be completed for each excursion. (*Please read the travel/excursion policy below*)

In order for your child to participate we need you to sign permission that you agree to these ratios. **1:2 near water, 1:3 for infants** (0 up to 2 years of age) and **1:4** for (2, 3 and 4-year olds).

I give permission for my child to be taken on short local walks and regular excursions

Yes No

Parent/ Guardian signature _____ Date ____ / ____ / ____

I have read the Excursion policy (attached below)

Yes No

Parent/ Guardian signature _____ Date ____ / ____ / ____

Permission to Attend other rooms

To ensure our ratios are kept accurate at all times of the day your child may need to join other classrooms within the licensed premises between the licensed hours of operation.

I give permission for my child to attend the other classrooms as required.

Yes No

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

Parking and Escorting

I agree that when dropping my child off at the centre I will park in the area designated as suitable by the centre management and escort my child into the building and advise a staff member of my arrival before leaving my child in the centre's care. I will advise a staff member before taking my child from the centre.

I understand and accept that it is a condition of enrolment that children driven to and from the centre must travel in a children's seat or restraint in accordance with traffic regulations.

Yes No

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

Travel Arrangements/ Excursions

Rationale:

River Kids Early Learning acknowledges the value excursions add to our curriculum. Risks involved in excursions must be managed to uphold the safety and well-being of all children, staff, parents and whānau who attend.

Links to Te Whāriki:

Belonging/ Mana whenua - Goal 1: Tamariki and their whānau experience an environment where connecting links with whānau and the wider world are affirmed and extended.

Procedure:

As part of our programme to support children's strengths and interests we on occasions may take children on spontaneous short local walks or regular excursions.

The adult ratio will be no less than regulated for each excursion (please see below) and a risk management form will be completed for each excursion.

In order for your child to participate we will need you to sign permission that you agree to these ratios and your child attending the specific excursion. 1:2 near water, 1:3 for infants 0- up to 2 years of age and 1:4 for 2, 3 and 4 year olds

When taking children out of the Centre, the procedure will be as follows:

- A trip will be planned with clear educational outcomes this must be approved by Management prior to notifying parents. An assessment and risk management will be taken at which time such things as adult child ratios will be determined accordingly. Once approved a "parent consent form/note" will be sent out to all parents. If this form/note is not signed and returned by each parent/ caregiver for each child, the child will not be included in the outing.
- During the preparation for the excursion / outing the Persons Responsible will ensure Adult/ Child ratios are adhered to by not only those involved in the excursion but also those remaining in the Centre.
- On every excursion that every part thereof 50 children, there will be a staff member who holds a current first aid qualification.
- During excursions the same provision as above will be applied for staff and children remaining in the Centre.
- As part of the planning for all excursions where parents are attending a Police Vetting check will be done. This will be done at the cost of the center as we value parent participation and value learning outside the class room. The police vetting procedure will be in line with our police vetting procedure.
- Whenever children leave the Centre on an outing or excursion. Assessment and management of risk is under taken and adult ratios are determined accordingly; ratios are not less than the adult: child ration. Also, first aid requirements are met in relation to those children involved in the outing and any child remaining at the Centre.

Documentation required prior to any excursion will include:

- Names of adults and children attending
- Time & Date
- Location of the excursion
- Mode of transport
- Consent forms signed by parent/caregiver
- Assessment and management of risk

- Any prior planning, risk analysis, Adult child ratios, rationale for outing and
- Assessment and evaluation on the value of the excursion.
- Signature of the person responsible giving approval for the excursion to take place.

If private motor vehicles are required all children will have safety approved child restraints. Those involved in driving will have a current full driver's license and be police vetted prior to excursion. The car must be in good repair with a current warrant and registration.

When travelling by car where possible we would like a trained staff member in every vehicle. If the car carries more than 3 children 2 adults will travel in those cars.

On all excursions where transport is required; a written notice will be attached to each child containing contact details of the Centre. A staff member will be based at the Centre when excursions take place, in the event of answering any possible phone calls.

Whilst children are out of Centre excursions/walks each child will be allocated to a specific person who will be responsible for continually monitoring where their allocated child/children are. We suggest a head count every 10-15 minutes. The senior staff member is responsible confirming every ½ hour where all children are and should be.

A check list of all children involved in the excursion/outing will be marked off on departure, periodically throughout the trip and on return to Centre.

If travelling by public transport the children will be required to be seated at all times. Sufficient child/adult ratios as per Ministry Regulations will be adhered to at all times.

The amount of trained staff involved in these excursions will increase based upon on the quantity of children and the specific excursion

In the event of walks around local community parent consent will not be required on every occasion. A blanket approval has already been given on the enrolment form.

Parents sign during the enrolment process confirming that their child can take part in regular excursions and will be notified specifically on special excursions prior to these taking place. Parents have the decision to on whether or not their child will be involved in special excursions.

When leaving the Centre including walks the following items will be taken:

- First Aid Kits and a staff member with current First Aid Certificate for every 50 children or part thereof.
- Appropriate weather accessories/sun block, sun hat or warm clothes/jacket
- Medication requirements if required
- Mobile Phone, the number will be available at the Centre so communication can take place between adults at all times.
- Nappies (if required) and wet wipes
- And any other item that may be deemed necessary for the occasion

Dual Enrolment Declaration

I hereby declare that my child;

is / is not (circle one)

enrolled at another Early Childhood institution at the same times that they are enrolled at River Kids Early Learning.

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

The Privacy Act

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 the 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.

The personal information we ask you to provide on your enrolment form is required to enable River Kids Early Learning to enrol your child in our programme, provide the best possible care and education for your child, and to observe and monitor your child's progress to encourage all areas of their development. The personal information we ask you to provide on your application for enrolment of your child is required to ensure River Kids Early Learning meets the terms of licensing requirements with the Ministry of Education. All those within our centre who have access to your personal information are bound by the terms of their employment to keep that information confidential. The security of the personal information we provide to the ministry is safeguarded by the protocol which our centre has entered into with the ministry. The personal information you supply is held for 7 years by our centre. We also use personal information in aggregate form for a variety of statistical research purposes but in doing so it always ensures that no individual can be identified. If you have any questions about the privacy of your personal information, please contact the centre manager.

Please could you sign below to verify that you have read and understood the above information that relates to records kept by River Kids Early Learning.

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

Privacy Permissions *(Please tick yes or no)*

I give permission for my telephone number to be made available to other parents

Yes No

I understand observations will be completed on my child by River Kids Early Learning contracted teachers to assist in planning a programme to meet the needs of my child and the group. I understand that I am able to view these at any time.

Yes No

Parent Declaration

I declare that I understand my responsibilities for fees as per above and the information I have provided is true and correct.

Where this is signed by more than one person, we agree that we jointly and severally are liable for all fees and other costs.

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

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

Service Declaration

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

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

For staff use only:

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	

Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: _____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						