



River Kids

EARLY LEARNING

Dear Parent,

Welcome to River Kids Early Learning, we are pleased that you have decided to trust us with your precious child for their care and education.

All relevant information pertaining to your enrolment process is included within this package. Please ensure that you read the Parent Handbook which outlines important information that you will need to know.

Please note the settling in process as this will assist with the transitioning process of your child. We encourage you to come into the centre and familiarise your child and yourself with the centre our environment, routines, programmes and the daily routines that function in the normal daily life at River Kids Early Learning. Making connecting is an essential part to the settling process so please become familiar with the team leaders in your child's room as well as the other staff.

An automatic authority form for payments is included in the enrolment package and must be completed prior to starting. Also, if your child is entitled to a WINZ subsidy these forms must be completed and received by WINZ prior to any start dates. Finally, a copy of your birth certificate or passport must be attached to your enrolment form prior to your start date.

We hope that you and your child will enjoy your time in our centre and we look forward to a long and happy relationship.

Kind Regards

Showanna Palaone

(Centre Owner)



River Kids Early Learning Enrolment Form

Date of first Attendance ____/____/____

Child's official surname _____ Child's official first name _____

Child's preferred name _____ Date of birth ____/____/____ (dd/mm/yyyy)

Child's gender _____ Siblings _____

Child's primary residential address _____

_____ Postcode _____

Child's ethnic background _____

Iwi Affiliation _____

Languages spoken at home _____

Mother's/ Guardian's name _____

Home Address _____

Home phone () _____ Cell phone _____

Employer _____ Phone () _____

Date of birth ____/____/____ Email _____

Father's/ Guardian's name _____

Home Address _____

Home phone () _____ Cell phone _____

Employer _____ Phone () _____

Date of birth ____/____/____ Email _____

Emergency contact/ Individuals Authorised to Pick up Child

The purpose of this section is to alert the centre to the names of people who, by direction of the person(s) who has legal guardianship over the child stated on this enrolment form, are allowed to collect this child or who should be contacted if there is an emergency or if the child is ill or injured.

Name _____ Relationship to child _____

Home phone () _____ Cell phone _____

Name _____ Relationship to child _____

Home phone () _____ Cell phone _____

Name _____ Relationship to child _____

Home phone () _____ Cell phone _____

Name _____ Relationship to child _____

Home phone () _____ Cell phone _____

Please note that the child will not be given permission to leave the centre unless the person collecting the child is noted on this form. If the person is not on this form, a written letter signed by the child's legal guardian must be presented to the centres manager.

Identity Verification documentation

Identity verification documentation will need to be sighted and copied by the centre manager for the enrolment process. Please ensure you bring along the one of the following documents with your enrolment form to prevent delays in the processing of your child's enrolment.

- New Zealand birth certificate
- New Zealand passport
- Foreign birth certificate
- Foreign passport
- Other _____

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 fees 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 charges. 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 pay a late pick-up fee if my child is left at the centre outside of booked hours.

I agree to give two weeks' advance 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, homework books, photos or any other costs that have been agreed to.

Term Breaks/ Statutory Holidays

This enrolment agreement is inclusive of school term breaks.

River Kids Early Learning services do not operate on statutory holidays.

Holiday Policy

Please refer to centres fee schedule.

Work and Income childcare subsidy

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

Yes/ No

I understand that even if eligible for a Work and Income childcare subsidy I am responsible for paying my fees in full until my subsidy is approved

I also 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's starting at this centre.

Date of application of subsidy ____/____/____

Parent Declaration

I declare that I understand my responsibility 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 ____/____/____

Custodial Statement

Do both parents have day to day care of the child? Yes No

If NO, are there any parenting orders (custodial arrangements) concerning your child? _____

Name of any persons who are forbidden to have any contact or restricted contact to this child.
(Please note: a court order needs to be sighted and a copy held on file in order for our centre to prohibit a parent/ guardian from collecting his/ her child).

Name _____ Court order is on file? Yes No

Name _____ Court order is on file? Yes No

Attendance Hours and Days

20 HOURS ECE details for _____ Customer number _____

Date of enrolment ____/____/____ Join date ____/____/____

Leave date ____/____/____ Date of uptake of 20 Hours ECE _____

Days enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times enrolled: (e.g. 9am-5.00pm)						

Please note 20 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

20 hours ECE at this service						
20 hours ECE at another service						

Parent/ Guardian signature _____

Date ____/____/____

Amendments to Attendance Hours and Days

20 HOURS ECE details for _____ Customer number _____

Date of enrolment ____/____/____ Join date ____/____/____

Leave date ____/____/____ Date of uptake of 20 Hours ECE _____

Days enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times enrolled: (e.g. 9am-5.00pm)						

Please note 20 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

20 hours ECE at this service						
20 hours ECE at another service						

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?

Yes No

Is your child receiving 20 hours ECE at any other services?

Yes No

If you answered yes to either or both of the questions above, please sign to confirm that:

1. Your child does not receive more than 20 hours of 20 hours ECE per week across all services
2. 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.
3. 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 section.

Parent/ Guardian signature _____

Date ____/____/____

Health

Child's doctor _____ Contact number () _____

Health practice _____

In the unlikely event of a medical emergency, I understand my child will be given basic first aid treatment by the centre staff and if necessary taken to the hospital in an ambulance- parents/ guardians will be notified immediately.

Signed by parent/guardian _____ Date _____

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

I am aware of the health-related policies, and have been informed of these by the centre manager

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, s/he may be asked to stay home until 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/ allergies?

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.

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

Yes No

Has your child had all immunisations to date?

Yes No

Please note that you are not required to have these up to date, however in the event of an outbreak of a serious communicable illness your child may be excluded from the centre under the direction of the Medical Officer of Health if they are not up to date.

I have shown the centre manager a copy of my child's immunisation certificate Yes
 No

Signed by parent/guardian _____ Date _____

Medication

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 the correct child's name on it, dosage, medication name, expiry date and prescribing doctor. All medication administered must be signed in the medication register by a parent/ guardian. No medication will be administered without the correct authorization, unless in an emergency by an ambulance personnel.

Category (i) Medicines

A category (i) medicine is a non-prescription medication (such as sunblock, zinc, insect repellent, 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.

Please note the service must provide specific information about the category (i) medications that will be used.

Do you give permission for category (i) medications to be used on your child when/ if necessary?

Yes No

Name of specific category (i) medicines that can be used on my child provided by service _____

Parent/ Guardian signature _____ Date ____/____/____

Category (ii) Medicines

A category (ii) medication is one that is prescribed e.g. antibiotics, ear/eye drops or non-prescription such as liquid paracetamol, cough syrup etc. Medicine that is used for a specific period of time to treat a specific condition or symptom provided by the parent for the use of that child only or in relation to rongoamaori/ Maori plant medicines.

Parent/ Guardian signature _____ Date ____/____/____

Category (iii) medications. Forms to be filled in if your child requires medication as part of an individual plan, for example for an on-going condition such as asthma, eczema, diabetes etc.

Name of medicine _____

Method and dose of medication _____

When does the medicine need to be taken? (Time or specific symptoms/ circumstances) _____

Parent/ Guardian signature _____ Date ____/____/____

Incidental Walks/ Local or Regular Excursion Permission

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 ____/____/____

Travel Arrangements/ Excursions policy

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. 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 considered. 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.
- Whenever children leave the Centre on an outing or excursion. Assessment and management of risk is under taken and adult rations are determined accordingly; ratios are not less than the adult: child ratio. Also, first aid requirements are met in relation to those children involved in the outing and any child remaining at the Centre.
- Police vetting of all adults attending excursions will be required for parents/caregivers attending centre excursions/trips
- Documentation required prior to any excursion will include ...
 - Childs name
 - Time & Date
 - Location of the excursion

-Mode of transport

-Consent forms

And any prior planning, risk analysis Adult child ratios, rationale for outing and

Assessment and evaluation on the value of the excursion.

- 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

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

- First Aid Kits and a staff member with current First Aid Certificate

- Appropriate weather accessories/sun block, sun hat or warm clothes/jacket

- Medication requirements - if required all relevant documentation will be included as per medication policy.

- Mobile Phone

- Nappies/ wipes

And any other things that may be deemed necessary for the occasion.

Permission to Attend Other Classrooms

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.

Parent/ Guardian signature _____

Date ____/____/____

Dual Enrolment Declaration

I hereby declare that my child is/ is not enrolled at another Early Childhood Institution at the same times that s/he is enrolled at River Kids Early Learning.

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

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

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

I give permission for my child to be photographed/ videoed for assessment purposes, centre display, management notice boards and to be included in other children's portfolios where applicable.

Yes No

I understand observations will be completed on my child by Early Childhood students in the course of their training. These observations will not include the child's name and copies can be forwarded to parents on request.

Yes No

I agree to my child being photographed for advertising and promotional materials for the centre.

Yes No

I agree to my child being photographed by other centre parents on special occasions (e.g. birthdays, excursions).

Yes No

I agree to my child's learning journey being documented and available on Story Park.

Yes No

I agree that if I take any photos/ videos at the centre or on special occasions that include children other than my own, I will not post these on any social networking sites e.g. Facebook, and twitter.

Yes No

I give permission for River Kids Early Learning to send information and promotional material to the provided email address.

Yes No

Enrolment Rights

I understand that acceptance of enrolment of my child at River Kids Early Learning is in no way an assurance of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. I understand that if I am to enter into direct competition with this centre I will immediately withdraw my child from the centre.

Policy statement River Kids Early Learning 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.

Has your child ever attended another early childhood service before? Yes No

Parent Declaration

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

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 ____/____/____

Checklist: Centre to complete

Staff child: yes/ no	
Sibling in centre: yes/ no	
Copy of official identity verification documentation	
Confirm WINZ subsidy application lodged	
Photo identity of enrolling parent	
Driver license number	
Proof of address	
Deposit paid \$	
Receipt number	
20 hours ECE attestation	
Copy of immunisation form	
Payment method	



**CENTRE
INFORMATION FOR AUTOMATIC PAYMENTS:**

RIVER KIDS EARLY LEARNING
2 Donny Ave
Chartwell
Hamilton.

CENTRE BANK INFORMATION: ANZ
BANK ACC NUMBER: 06-0313-0700809-00
ACCOUNT NAME: River Kids Early Learning

PARENT DETAILS/NAME:
.....

PARENTS BANK DETAILS/NAME ON ACCOUNT:
.....

PARENT BANK ACCOUNT NUMBER:
.....

NEW AUTHORITY: YES / NO **CIRCLE ONE**
START DATE/...../..... **FINISH DATE**...../...../.....

AMOUNT: \$.....

FREQUENCY:
WEEKLY.....**FORTNIGHTLY**.....**MONTH**.....

PARENT SIGNATURE: