



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: _____

Name child is known by / preferred name: _____
(If different than above)

Child's date of birth ____ / ____ / ____ **Male / Female** (delete one)

Child's ethnic origins: _____ Iwi Affiliation (if any) _____

Language/s spoken at home: _____

Child's Primary Residential Address _____
_____ Postcode _____

Email Address _____ (to be used for newsletters, invoices, and correspondence)

Parents/ Guardians:

Caregiver 1

Name _____ Relationship to child _____

Address _____ Postcode: _____

Phone (Home) _____ Place of work _____

Mobile _____ Phone (Work) _____

Caregiver 2:

Name _____ Relationship to child _____

Address _____ Postcode: _____

Phone (Home) _____ Place of work _____

Mobile _____ Phone (Work) _____

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 out more information about national student numbers at: www.minedu.govt.nz/parents

OFFICE USE ONLY: Copy of official Identity verification collected by staff:

New Zealand birth certificate
 New Zealand passport
 Other _____

Foreign birth certificate
 Foreign passport

Staff initials: _____

Emergency Contact:

(Person/s to be contacted in emergency if parents are not able to be contacted, and are also authorised to pick your child up)

1: Name _____ Relationship to child _____ Phone (Home) _____ Phone (Work) _____ Mobile _____	2: Name _____ Relationship to child _____ Phone (Home) _____ Phone (Work) _____ Mobile _____
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Additional Person/s who can pick up your child:

1: Name _____ Relationship to child _____ Phone (Home) _____ Phone (Work) _____ Mobile _____	2: Name _____ Relationship to child _____ Phone (Home) _____ Phone (Work) _____ Mobile _____
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Custodial Statement:

Are there any custodial arrangements concerning your child? **YES / NO** delete one
If YES, please provide details of any arrangements or court orders (a copy of any court order is required)

Any person/s who **cannot** pick up your child:

Name: _____ Name: _____

The Days and Sessions I wish my child to attend Little Pipi are as follows:

I wish my child to start on _____

OFFICE USE ONLY:

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

Enrolment details

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Times Enrolled:						

To use your '20 ECE Hours' for 3,4 & 5 year olds please complete the attached ECE Hours Attestation Form

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.

Dual Enrolment Declaration:

I hereby declare that my child **IS / IS NOT** (delete one) enrolled at another early childhood institution at the same times that he/she is enrolled at Little Pipi.

Parent/Guardian Signature: _____

Date ____ / ____ / ____

Health / Medical:

Child's Doctor _____ Ph number _____ Medical Centre _____

Immunisations:

Is your child up to date with immunisations?

YES / NO (delete one)

On enrolment please bring your child's immunisation records to Little Pipi to be signed by the centre supervisor, and again as they receive each new vaccination. Your child does not need to be immunised to attend Little Pipi but IF YOU HAVE CHOSEN NOT TO IMMUNISE Little Pipi reserves the right to exclude your child from the centre during a possible outbreak of any vaccinated diseases for a time specified by management. (Half fees will be charged for this period.)

OFFICE USE ONLY:

Date sighted: ____ / ____ / ____ Signed: _____

Date sighted: ____ / ____ / ____ Signed: _____

Date sighted: ____ / ____ / ____ Signed: _____

Immunisations complete:

Allergies and illness can be a drag when they affect us! Is there any of these that we need to know about to keep your child / children safe and having fun here at Little pipi?

Please detail below

Medicine:

Category (i) Medicines

A category (i) medicine is a non-prescription preparation 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?

Tick One

Yes

No

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

▪ Arnica (for bumps and bruises)

▪ Earth 174 Soothing Balm (for cuts, grazes and nappy rash)

▪ Stingose (for insect bites or stings)

▪ Zinc and Castor Oil Cream (for Nappy rash)

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.

Written authority from a parent/guardian 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.

Category (iii) Medicines

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.

Please complete the medicine book on a Category(iii) form detailing: name of medicine, method and dose of medicine, and when the medicine needs to be taken (state time of specific symptoms)

What else do we need to know? _____

Important Information:

- **Policy Statement:** Little Pipi 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.
- **Parent Information Book:** Please ensure you have read the information in the parent 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 the service.
- **Illness:** I agree not to bring my child to Little Pipi when they are ill or suffering from any condition that is contagious to others. I will notify the centre if my child is not attending and inform them of the nature of the illness. (please refer to our illness policy)
- **Vision & Hearing Tests:** I consent to my child having their ear and vision checks done by public health when they come to the centre, and re-tested as needed. I understand that I will receive a report letting me know the results of each test.
- **Signing in & Out:** I will sign my child in on arrival and out on departure each day; Confirming their enrolment details.
- **Documenting Learning:** I give permission for my child's name, photo and/or artwork to be used for documentation, displays, or in-house publications eg –Newsletters, wall displays and planning boards. I also agree to my child having an online portfolio (accessible only by the centre staff and myself via an email and password system).
- **Trips/Excursions:** In signing this form, I authorise Little Pipi staff to take my child on small excursions that are in walking distance and within close proximity of Little Pipi. These excursions would be in small groups and well supervised, as set out in our centre trip and excursion policy. Any additional trips by vehicle would need separate written approval. The ratios for our trips and excursions will always met or exceed the regulated ratios (please see our trip and excursions policy for more detail). A risk analysis will be undertaken before each trip/excursion.
- **Statutory Holidays / Term Breaks:** This enrolment agreement is **inclusive** of school term breaks.
- Little Pipi is closed on all public holidays. (Normal fees apply)
- **Fees/Payments:** In signing this form, I agree to pay fees on the basis of the fee schedule that is current at the time, and fees are due in full by Friday of each week (unless prior approval by management).
- Normal fees are charged for Public holidays, absent or sick days to keep your enrolment open. Half fees are payable when 1 weeks' notice is given in writing that your child is going to be away, (up to a maximum of 2 discounted weeks in total over the course of the calendar year).
- **Late Fee:** If I am late collecting my child (after 4.30 pm) a late fee of \$10 per 10 minutes may be charged.
- **Debt Recovery:** I understand that if any fees remain unpaid, beyond the time specified in the fee policy, my child's enrolment may be forfeited, and the debt passed on to a Debt collection Agency, the added cost of this debt collection will be at my expense.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

- **Social Media/website:** By signing this section I give permission for Little Pipi to use photos of my child / children on the Little Pipi Public Facebook and Instagram pages, as well as our website. If you do not agree with something that has been posted, you have all rights to contact management who will have them removed asap.

We will follow all steps and procedures as outlined in our social media/website policy.

Please note that if you do not wish your child's images to be uploaded on our social media sites or website please DO NOT sign below.

I give permission for Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent Declaration:

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

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

OFFICE USE ONLY:

Service Declaration

On behalf of Little Pipi I declare that this form has been checked and all relevant sections have been completed.

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