

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 : <i>(please separate names with a comma):</i>		
Name your child is known by / preferred name:		
Surname / family name:	Given name:	
Copy of official identity verification document* collected 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: _____	
* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents .		
Child's date of birth: d d / m m / y y y y	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:		

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:

3. Given names:	4. 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 Emergency Contacts (also able to pick up 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:

Health & Wellbeing:			
Does your child have any medical conditions, illnesses, food allergies, dislikes, fears, special needs that Rosy Cheeks staff should be aware of?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES , please provide details:			
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"/>

Child's Doctor:	
Name:	Phone:
Name of medical centre:	

Medicine:	
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. Note: The service must provide specific information about the category (i) preparations that will be used.</p>	
<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"/></p>	
Name/s of specific category (i) medicines that can be used on my child, provided by Rosy Cheeks :	
▪ Sunscreen lotion	▪ Savlon
▪ Arnica	▪ Plasters
<p>Parent/Guardian Signature: _____ Date: ____ / ____ / ____</p>	

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 Rosy Cheeks.</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>	
<p>For staff: Individual health plan sighted and a copy taken: <i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (State time or specific symptoms)	
<p>Parent/Guardian Signature: _____ Date: ____ / ____ / ____</p>	

Enrolment Details:

Date of Enrolment: ____ / ____ / ____ Date of Entry: ____ / ____ / ____ 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.

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

Please indicate if you are flexible on days/sessions *Tick One* Yes ☐ No ☐

If YES please specify how many days/sessions you would like: Half day Sessions ☐ Full days ☐

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:

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 ☐ No ☐

2. Is your child receiving 20 Hours ECE at any other services?

Tick One Yes ☐ No ☐

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

- 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.

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 he/she is enrolled at Rosy Cheeks Early Learning Centre.

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

Statutory Holidays / Term Breaks:

- This enrolment agreement is inclusive of school term breaks.
- Rosy Cheeks is closed on all public holidays.
- Rosy Cheeks has an annual shut down over the Christmas period. The Centre Manager can provide you with dates.

Terms and Conditions:

1. I have read and agree to the Fee Schedule dated 1 October 2016 and the Parent Information Brochure and any subsequent notified changes.
2. 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.
3. All personal information on your child will be kept securely and remain confidential.
4. I agree to provide at least two weeks notice before withdrawing my child from Rosy Cheeks.
5. I will not bring my child to Rosy Cheeks if they are unwell or have had an occurrence of vomiting or diarrhoea in the past 48 hours.
6. I will immediately pick up or arrange the pick up of my child if they become unwell whilst at Rosy Cheeks.
7. I will notify Rosy Cheeks as soon as possible if my child is to be absent or if I require a change in hours.
8. In the event of an accident, Rosy Cheeks staff are authorised to seek medical advice as required for my child's best interests. In the unlikely event of an emergency, I give permission for my child to be taken to hospital in an ambulance if necessary.
9. I will notify the Centre Manager if anyone other than those listed on this enrolment form are to pick up my child from the preschool and I understand my child will be kept at Rosy Cheeks until such permission is given.
10. I give permission for my child to travel on short walks in the local area when appropriate, in the company of Rosy Cheeks staff. The ratio will be 1:6 or better. Yes ☐ No ☐
11. I give permission for photographs and videos taken by Rosy Cheeks staff to be posted on our secure Educa website. Yes ☐ No ☐
12. Rosy Cheeks 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:

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

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 Rosy Cheeks Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

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

Please return to: Rosy Cheeks Early Learning Centre at 188 Rose Street, Somerfield, Christchurch 8024