



## Enrolment Agreement Form

### Child:

Child's first names:	Surname:
Name your child is known by:	
Child's date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnic origin:	
Iwi your child belongs to:	
Child's home address or addresses:	
Postcode	

### Parents / Guardians:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Copy of official identity verification document collected by staff:	
<input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Other _____	<input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport <div style="text-align: right;"><b>Staff initials:</b> _____</div>

### Emergency & Pick Up Contacts:

First Names:	First Names:
Surname:	Surname:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
First Names:	First Names:
Surname:	Surname:

Phone (Home):	Phone (Home):					
Phone (Work):	Phone (Work):					
Phone (Mobile):	Phone (Mobile):					
Email:	Email:					
<b>◆ Enrolment Details:</b>						
Date of Enrolment: ___/___/___    Date of Entry: ___/___/___    Date of Exit: ___/___/___						
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:
Parent/Guardian Signature: _____          Date: ___/___/___						

<b>◆ 20 Hours ECE Attestation:</b>	
1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?	
	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	
	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>	
Parent/Guardian Signature: _____          Date: ___/___/___	

### ◆ Optional Charges:

1. The optional charge is for: morning or afternoon teas, sunblock, special excursions, extra resources, shows and concerts.
2. I understand that if I agree to pay for the optional charge Christopher & Robin Early Childhood Centre may enforce payment.
3. The agreement to pay the optional charge will last up to a year from date of enrolment.
4. The rules about making changes to the agreement are  
Christopher and Robin ECC will check with parents about their agreement to pay optional charges in February each year.
5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
6. I agree/do not agree (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ◆ Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks.

Christopher & Robin ECC will not be open on Statutory Holidays.

### ◆ Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Christopher & Robin Early Childhood Centre

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 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:

#### Person/s who can pick up your child (in addition to those on the Emergency/Pick Up Contacts page 1)

**Privacy Statement:** All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

<b>Health</b>	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verifications of all immunisations)	
Immunisations record sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Medicine</b>	
<b>Category (i) Medicines</b>	
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.	
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, <b>provided by service</b> :	
<u><b>Creams:</b></u> Calendula cream.....Yes/No Barrier Cream.....Yes/No Arnica Cream.....Yes/No  <u><b>Powders:</b></u> Curash.....Yes/No	<u><b>Lotions:</b></u> Insect repellent.....Yes/No Liquid antiseptic.....Yes/No Sunscreen.....Yes/No
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

<b>Category (iii) Medicines</b>	
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	
Individual health plan completed and signed:	<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)	

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please read and sign to indicate you accept the following before signing the Enrolment Application**

- **Excursions:** I give permission for centre staff to take my child in small groups on short walks outside the centre. The Centre will provide a form seeking permission from parents for any trips where transport is required.  
Agreed
- **Attendance Register:** We require parents to sign the register each day that their child attends and the monthly register each month.  
Agreed
- **Policy Statement:** Christopher & Robin ECC 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.  
Agreed
- **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.  
Agreed
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.  
Agreed
- **Photo/video:** I give permission for the child to be photographed for the purposes of assessment, planning and evaluation.  
Agreed
- **No sick children:** In signing this enrolment form, I agree to the Centre policy that I am not to bring my child to the Centre when they are suffering from any illness that is capable of being easily transmitted to others.  
Agreed
- **Fees Agreement:** In signing this enrolment form, I agree to pay the fees a fortnight in advance in accordance with the fee policy of the centre. I acknowledge and agree to pay the fee for an enrolled day even if unable to attend. Our programming and licensing regulations require us to employ staff based on the number of children enrolled. Therefore, we cannot give refunds for absences. Each year after six months enrolment we allow three weeks fee free per year for all families. This can be taken for holidays, stat holidays or in the event of sickness. I understand and accept that irrespective of any arrangement with any third party to pay the fees the full responsibility rests with me. WINZ payments will need to be confirmed in writing with a start date before they are credited to your account. If accounts fall into arrears and arrangements to pay fail, debts will be referred to debt collectors. This will incur extra charges.  
Agreed

**◆ Parent Declaration**

I declare that I agree to these conditions and the information provided on this enrolment form is true and correct to the best of my knowledge

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**◆ Service Declaration**

**Privacy Statement:** All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

On behalf of Christopher & Robin ECC, I declare that this form has been checked and all relevant sections have been completed.

Service Provider 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: ____ / ____ / ____						

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