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| Bright Stars Educare Enrolment Agreement Form  68 Collins Road, Melville, Hamilton, Ph (07) 8461604, | | | | | | | | | | |
| **Office use (Manager only to fill out):**  Preferred start date:\_\_\_/\_\_\_/\_\_\_ Actual Start Date:\_\_\_/\_\_\_/\_\_\_ Leave Date:\_\_\_/\_\_\_/\_\_\_  Any changes to the original enrolment agreement form **must** be signed and dated by the parent/guardian. | | | | | | | | | | |
| **⧫ 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: Given name: | | | |  | | | | | | |
| Copy of official identity verification document\* collected by staff: | | | | | | | | | | |
| ❑ New Zealand birth certificate  ❑ New Zealand passport  ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ❑ Foreign birth certificate  ❑ Foreign passport  **Staff initials**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Child’s date of birth: d d / m m / y y y y | | | | | | Male |  | Female |  |  |
| Child’s ethnic origin/s:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Iwi your child belongs to:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Language/s spoken at home:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Child’s primary residential address: | | | | | | | | | | |
|  | | | | | | | | | | |
| Post Code: | | | | | | | | | | |
| **⧫ 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](http://www.minedu.govt.nz/parents) | | | | | | | | | | |
| **\*** Information about acceptable identity verification documents is available online at  [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).  **The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.** | | | | | | | | | | |
| **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: | | | | | | | | |

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| **Additional person/s who can pick up your 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): |

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| **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: | |
| **Additional Emergency Contacts (also able to pick up child):** | | | |
| **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: | |
| **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: | |

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| **Child’s doctor:** | |
| Name: | Phone: |
| Name of medical centre: | |

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| **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 |  |  |

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| **Medicine** | | | | | | | |
| **Category (i) Medicines** | | | | | | | |
| 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. | | | | | | | |
| Do you approve category (i) medicines to be used on your child? | | *Tick One* | Yes |  | No |  |  |
| 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. | | | | | | | |
| 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. | | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | |

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| **Category (iii) Medicines** | | | | | | |
| 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. | | | | | | |
| **For staff:** Individual health plan sighted and a copy taken:  *Tick One*: | | Yes |  | No |  |  |
| 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | |

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| **⧫ 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: Drop off:    Pick up: |  | |  |  |  | |  | Total hours: |
|  | |  |  |  | |  |
| **For 20 Hours ECE fill out boxes below with the hours attested e.g. (max 6 hrs per day)** | | | | | | | | |
| 20 Hours ECE at this service |  | |  |  |  | |  | Total hours: |
| 20 Hours ECE at another service |  | |  |  |  | |  | Total hours: |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | |

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| **⧫ 20 Hours ECE Attestation (for 3 & 4 year olds only):** | | | | | | | | | | | | | | |
| 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 | |  |  |
|  | | | | | | | | | | | | | | |
| 1. 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. | | | | | | | | | | | | | | |
| * Your 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. | | | | | | | | | | | | | | |
| You understand that there are no weekly fees when attesting to the free 20 hours although at times additional charges may be charged for administration costs or excursions in which you will be fully informed about.  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 Bright Stars Educare. | | | | | | | | | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | | | |
| **Y/N** | **Terms and conditions** | | | | | | | | | | | | | |
| * **Y/N** | * **Excursions:** I give permission for my child to leave the centre in the company of a qualified staff member for excursions to the park, shopping centre etc (parents will be notified of all other planned trips). The ratio will be 1:4 for over 2’s, 1:2 for under 2’s or 1:3 for mixed age. | | | | | | | | | | | | | |
| * **Y/N** | * **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation and for centre newsletters and advertising | | | | | | | | | | | | | |
| * **Y/N** | * **Policy Statement:** Bright Stars Educare 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. | | | | | | | | | | | | | |
| * **Y/N** | * **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. | | | | | | | | | | | | | |
| * **Y/N** | * **Child’s strengths, interests and preferences:** Please tell us about your child’s strengths, interests and preferences. | | | | | | | | | | | | | |
| * **Y/N** | * **Transitional School Visits:** Information on transition arrangements. | | | | | | | | | | | | | |
| * **Y/N** | * **Correspondence School Enrolment:** Details of enrolment agreement. | | | | | | | | | | | | | |
| * **Y/N** | * **Illness:** I agree that I will not bring my child to the centre in the event of sickness or infectness illness. I will notify the centre if my child is not attending and inform the nature of the illness. I have read and agree to the illness policy. | | | | | | | | | | | | | |
| * **Y/N** | * **Child access**: I will notify the centre if anyone other than those listed on this enrolment form is to pick up my child, and I understand that my child will not be released until permission has been given. | | | | | | | | | | | | | |
| * **Y/N** | * **Withdrawing your child**: I agree to give two full weeks notice before withdrawing my child from the centre. Balance owing must be paid to Bright Stars Educare no later than your child’s last day. Any outstanding fees will be passed onto Debt Recovery and collection fees will be added to your account. | | | | | | | | | | | | | |
| * **Y/N** | * **Fees:** I understand that the fees will be paid for my child if my child misses some time at the centre, due to illness and/or for public holidays except over the Christmas Shutdown Period when no fees are charged. When we take our child on holiday I agree to give 2 weeks notice, then pay half price fees while on holiday to hold my child’s space open. I am aware that the half price fees option is only available for those children NOT ON 20 hrs ECE. I have read and agree to the fees policy. Any outstanding fees will be passed onto Debt Recovery and collection fees will be added to your account. | | | | | | | | | | | | | |
| * **Y/N** | * I also agree to pay fees weekly or fortnightly direct into Bright Stars Educare account unless an alternative payment arrangement is made. | | | | | | | | | | | | | |
| * **Y/N** | * **Signing in**: I agree that I will sign the daily attendance sheet on my child’ arrival. I will advise a staff member before taking my child from Bright Stars Educare and I will sign the attendance sheet again. | | | | | | | | | | | | | |
| * **Y/N** | * **Transport**: Children driven to and from Bright Stars Educare must travel in a car seat or restraint in accordance with Traffic Regulations. | | | | | | | | | | | | | |
| * **Y/N** | * **Sunblock:** I give permission for staff to apply sunblock when needed. | | | | | | | | | | | | | |
| * **Y/N** | * **Privacy**: All personal information on your child will be kept securely and remain confidential. | | | | | | | | | | | | | |
| * **Head Lice:** I give permission for teachers to check my child’s hair for headlice if they suspect my child may have headlice. | | | | | | | | | | | | | |
| * **Y/N** |
| **⧫ Parent Declaration** | | | | | | | | | | | | | | |
| I declare that all the above information is true and correct to the best of my knowledge and I agree to the terms and conditions set out in this enrolment agreement. | | | | | | | | | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | | | | |
| **⧫ Service Declaration** | | | | | | | | | | | | | | |
| On behalf of Bright Stars Educare, I declare that this form has been checked and all relevant sections have been completed. | | | | | | | | | | | | | | |
| Service Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | | | | |
| How did you hear about Bright Stars Educare? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for choosing the centre? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Change of Days/Times of Enrolment:** | | | | | | | | | | | | | | | |
| **Effective Date of Change:** \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | | | | | | | | | | |
| Days Enrolled: | | Monday | Tuesday | Wednesday | | | Thursday | Friday | | | |  | | | |
| Times Enrolled: Drop off:  Pick up: | |  |  |  | | |  |  | | | | 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: Drop off:  Pick up: | |  |  |  | | |  |  | | | | 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | | | | |