

DATE OF ENTRY:

DATE OF EXIT:

NSN #



Administration Records 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**:
(please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name:
name:

Given

Official Identification document/s sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____ **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:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

Ngaakau pai | Positive Whanaungatanga | Relationships Aroha | Love Tupu | Grow

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* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

◆ 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):

◆ 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:

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◆ 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:

◆ 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

◆ 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

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

▪ Arnica

▪

▪ Calendula

▪

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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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: ____ / ____ / ____

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:

Yes

No

Tick One:

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.

Table with 7 columns: Days Enrolled, Monday, Tuesday, Wednesday, Thursday, Friday, Total hours. Rows include Times Enrolled and Total hours.

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

Table for 20 Hours ECE hours. Columns: 20 Hours ECE at this service, 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.
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.

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 [insert name of service].

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

The TreeHouse is closed on the following public holidays if they fall on a weekday. Each year we annually review close down period between Christmas and New Years. This will be notified in the month of July via Educa and text message.

New Year's Day		Easter Monday		Labour Day	
Day after New Year's Day		Anzac Day		Christmas Day	
Waitangi Day		Queen's Birthday		Boxing Day	
Good Friday		Matariki		Local Anniversary Day	

Fee Policy Information

Enrolment/Withdrawal

- Once a child is enrolled and confirmation of a start date is given, all booked sessions will be charged, regardless of whether a child attends or not.
- **Two weeks notice** is required if your child is leaving the centre. Fees are payable during this period.
-

Payments

- Automatic payment and internet banking are our preferred methods of payments as this minimises the amount of staff time required to process the payments. However EFTPOS and cheques are also accepted.
- Fees are to be paid at least 2 weeks in advance. Failure to keep fees up to date may result in a child's enrolment being forfeited and the debt being passed on to a debt collection agency. All costs incurred in the recovery charges of overdue funds, including, but not limited to debt recovery charges and legal fees, may be added to the balance of your account.
- It is important that an attestation form is completed before 3 and 4 year old children can receive the subsidised fees.
- WINZ childcare subsidies are available for fee assistance depending on the level of your total family income. Please talk to our Administrator or Centre Director regarding this. This subsidy is only part payment for fees and parents must meet the balance. Full fees will be charged until the Centre receives the WINZ subsidy.

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Family Discount

- Where there are 2 or more children from the same family attending full time at the Centre, a discount of 5% off the second and subsequent children's fees apply.

Late fees

- For children who are picked up after the Centres specified closing time, a late fee of \$1 per minute will apply.

Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions. Excursions for trips is 1:8 and if swimming in the water 1:4
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation. There will also be photos used for our website and social media platform Facebook which is open to the public.

Other information

- **Policy Statement:** The TreeHouse 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.
- **Handbook for The Tree House Whanau:** 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.
- Once enrolled at The Tree House you will be able to complete an 'All About Me' page for your child so we can learn more about their strengths, interests and individual needs."

◆ Parent Declaration

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

I attest to the 20 Hours enrolment hours detailed in this form

I confirm that:

- My child does not receive more than 20 hours of 20 hours ECE per week across the services.
I authorise the Ministry of Education to make enquires regarding the information provided in the Enrolment Agreement form, if deemed necessary and to the extent necessary to make decisions about my child's eligibility for 20 Hours ECE.
- I consent to The TreeHouse Middlemore Childcare providing the relevant information to the Ministry of Education, and to other early childhood education services my child is enrolled at, about the information contained in this form.
- I agree to pay the fees charged for my child's enrolment at The TreeHouse Middlemore Childcare, in accordance with the fees schedule published at the time.
- I agree to pay outstanding fees to The TreeHouse Middlemore Childcare by the due date and that if I fail to do so I will be liable for any additional debt collection costs.

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 the centre.

I APPROVE/DO NOT APPROVE the administration of the category (i) or (ii) medicines detailed in this form to be used on my child.

I APPROVE/DO NOT APPROVE the administration of the category (iii) prescription medicines detailed in this form to be used on my child in accordance with the prescription instruction.

I AGREE/DO NOT AGREE to my child participating in any regular excursions from the centre. I will be notified in advance of any special or one-off excursions and be invited to AGREE or NOT AGREE to each.

I understand that my child may be photographed or videoed from time to time as part of the centres assessment, planning and evaluation practices. No image of my child will be used for promotional or other purposes without separate written consent.

I APPROVE/DO NOT APPROVE for the centre to post photographs/videos of my child on The TreeHouse Middlemore Childcare Facebook page. I can notify the centre at any time to change my decision.

I have read and understand the Privacy Statement at the bottom of this form. Further, I understand that personal information about my child, including images of my child undertaking learning or an activity at the centre, images of something my child has produced (such as artwork) and stories and experiences of teaching staff involving my child, may be collected from time to time for the purpose of supporting the centres teaching staff in their professional development and recertification with Education council. I agree to the collection, use and disclosure of information for this purpose. I understand that any items and personal information collected for this purpose may be retained for up to three years. Such items may be viewed by the teacher, their mentor, centre management and representatives of the Education Council of New Zealand and the Education Review Office. No images of my child's work will be made publicly available or used for any other purpose without my separate consent.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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◆ Service Declaration

On behalf of [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date: ____ / ____ / ____

Notes:

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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: ____ / ____ / ____

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: ____ / ____ / ____