

P/F (09) 424 2499 10 Walbrook Road, Manly, Whangaparaoa 0930 www.homefromhomechildcare.co.nz



◆ Child's details:

NSN:

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

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:

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

* Information about acceptable identity verification documents is available online at

www.lead.ece.govt.nz and 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.

Any changes to this form **must** be signed and dated by the parent/guardian.

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 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 <u>cannot</u> 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:	

Health	
Illness/allergies:	
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"/>

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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? <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:	
▪ Arnica	▪ Antiseptic cream/liquid
▪ Insect bite cream	▪ Insect repellent
▪ Note: We do not administer Paracetamol/Pamol without a doctors permission.	
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: ____ / ____ / ____

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: <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)	
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. There is NO OPTIONAL CHARGE from 1/12/2014.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
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 <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	Tick One 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"> 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 Home from Home family childcare limited.
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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◆ Statutory Holidays / Term Breaks

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

Home from Home family childcare limited closes for Statutory Holidays only.

◆ Home-Based Education and Care Services Only

This section is a compulsory requirement for Enrolment Agreement Forms used by Home-Based Services

Is the educator who will be providing education and care for your child a member of the child's family?

Tick One Yes No

If yes, what is the relationship of the educators to your child?

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

Other information

- **Policy Statement:** Home from Home family childcare limited 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. Each Educarer has a copy of the Home from Home family childcare limited policies and procedures for you to look at any time.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.

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Terms & Conditions (Please initial to show you have read and understood)	Initial
I agree to sign a timesheet agreeing to my child's hours each day	
I give permission for my child to travel in the Educarer's vehicle	
I give permission for my child to be taken on short walks eg to the park and beach	
I understand that Ministry of Education regulations forbids the use of corporal punishment	
I give permission for the Educarer to apply basic first aid and sunscreen to my child	
I give permission for the Educarer to change my child's nappy, wet or soiled clothing	
I agree to pay for any enrolled hours and any extra hours I sign for; extra time outside of the booked hours will be paid in half hour increments i.e. Once an extra 15 minutes is incurred 30 minutes will be charged for	
I agree to pay an administration fee of \$25.00 which will be included in the first fee payment then annually thereafter	
I understand that my child will attend play groups and may attend other organised children's programmes in the community	
I agree to pay fees one week in advance of care. ie. Always pay one week in advance.	
I agree to pay full fee for absences where I have not given 5 working days notice	
I agree to pay a holding fee of \$3.00 per hour for absences when 5 working days notice is given for a maximum of 4 weeks per year (a week being my child's normal booked hours per week) Additional absences over 4 weeks per year will incur the full fee of \$6.00 per hour.	
I agree to notify Home from Home family childcare limited of any changes of enrolment details	
I give permission for Home from Home family childcare limited to write observations and use digital images of my child for the purposes of programme planning and the compilation of my child's portfolio	
I give permission for Home from Home family childcare limited to use photographs of my child for Home from Home advertising, website and Facebook page	
My child will be kept at home when she/he is unwell and someone will be available to collect my child should he/she become ill or have an accident	
In case of an emergency I give permission for Home from Home to seek medical assistance	
Parents are responsible for their childs medical costs	
I agree to give a minimum of 10 working days notice when canceling childcare	
I understand that a fee of \$5.00 may be charged for late payments of fees per week	
I understand that if my account is in arrears for more than 4 weeks care will cease	
I understand that debts will be passed on to a debt collection service whose fee's will be added to the amount owed.	

Costs:

Total hours per week _____

Free ECE hours per week _____

To pay _____ **hrs @ \$6.00 /hr = \$** _____

(to be paid until WINZ subsidy has been approved - if applicable)

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WINZ Client no (if applicable): _____

If there are any cultural or family practices that you wish us to incorporate into your child's development programme please make a note below and we will discuss these with you

Your Educarer is:	
Name:	Home telephone:
Address:	

Please check that the following information is included with this Enrolment Agreement Form

Check list:					
Copy of birth certificate:	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Copy of immunisation record:	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
First weeks payment: (one week in advance at all times)	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

◆ 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 Home from Home family childcare limited, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____ / ____ / ____

Thank you for choosing Home from Home family childcare limited	
All queries please phone our office: 09 4242499	
Andrea mobile: 0274 770 880	Wisia mobile: 027 641 331
Email: info@homefromhomechildcare.co.nz	www.homefromhomechildcare.co.nz
Office hours are Monday to Friday 8.30am – 4.30pm	

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