

ENROLMENT AGREEMENT

January 2016

Updated:



Angels Childcare Takapuna

31 Anzac Street, Takapuna

Phone : (09) 4864695

E-mail: angelstaka@angelschildcare.co.nz

Centre Manager: Karen Douglas

CONFIDENTIAL ADMISSION AGREEMENT

OFFICE USE ONLY

Date of enrolment: Enrolment Fees Paid:

Immunisation enclosed: Official ID enclosed:

Confirmed Start Date Entered APT NSN n.o:

Billing 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.

Where did you hear about us?:

CHILD'S DETAILS

First Name: Middle Name's: Surname:

Date of Birth: Gender: Child's address:

Languages spoken at home: Ethnic Group:

If Maori, please state name of Iwi your child belongs to:

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Copy of Official Identity Information collected by staff: (circle one)

* NZ birth Certificate

* NZ Passport

* Foreign birth certificate

* Foreign Passport

*Other

MOTHER / GUARDIAN

Name:.....

Address:

.....

Town/City.....Post Code.....

Phone:.....(w)

Mobile:.....

Email:.....

FATHER / GUARDIAN

Name:.....

Address: (if different from child's).....

.....

Town/City.....Post Code.....

Phone:(w).....

Mobile:.....

Email:.....

ALTERNATIVE CONTACT: (grandparent / Caregiver)

Name in full:

Address:

Home telephone:..... Mobile:

Access (if other than persons named above)

The following list of persons are authorised to collect my child and transport him/her to and from Angels Childcare

1. Name:..... Relationship to child:.....

2. Name:..... Relationship to child:.....

3. Name:..... Relationship to child:.....

Management and Staff at Angels Childcare Takapuna will only release children to above named persons.

Names of any person expressly forbidden by law to have access to your child. The staff member completing this form must sight the copy of the legal document pertaining to this.

Name/s

Document No.:

Copy of document attached: Yes / No

Staff Initials:

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Enrolment Details: (subject to conditions)

Date of enrolment: ____/____/____ Date of Entry: ____/____/____ Date of Exit: ____/____/____

Days enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times enrolled:						
20 Hours ECE at this Service (if over 3)						
20 Hours ECE at another centre						

Dual Enrolment Declaration

I hereby declare that my child **is** / **is not** (circle one please) enrolled at another early childhood institution at the same times that he/she is enrolled at Angels Childcare Takapuna

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

20 HOURS ECE ATTESTATION:

Please note: 20 hours ECE is for up to six hours per day, for maximum of 20 hours per week.

Is your child receiving 20 Hours ECE for up to 6 hours per week at this service? **Yes / No**

Is your child receiving 20 Hours ECE at any other services? **Yes / No**

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

1. Your child does not receive more than 20 hours of 20 Hours ECE per week across all services
2. 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.
3. You consent to the early childhood education service providing relevant information to the Ministry of Education, and other early childhood services your child is enrolled at, about the information contained in this box.

Parent / Guardian _____ Date: ____/____/____

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FEE SCHEDULE AND INFORMATION

Fees from 1st October 2010

FEES FOR BABIES TO 3 YEARS (7am-6pm)

\$70 per day

Includes nappies
for under 2 year
olds and food
except formula &
milk

FEES FOR 3 TO 5 YEARS (7am-6pm)

2 days: \$80.00

3 days: \$120.00

4 days: \$180.00

5 days: \$220.00

These are all-day
fees and allows for
20 ECE hours and all
food

Half day session: (Under three's only)

7am-12 (including morning tea and lunch) \$40.00 per session

12.30-6pm (including afternoon tea only) \$40.00 per session

*conditions apply

I have agreed to pay the following fees per day / week: _____ (The management does reserve the right to change the fee rates and policies and those fee rates and policies will apply to parents/children already enrolled or previously quoted from the date specified on the notice. When changes are made a one month notice period will be given in advance and a new schedule given to parents for signing.

Parent/ Guardian Signature: _____

Date: ____/____/____

Person (s) responsible for payment of fees

Please Note that you remain fully responsible for all fees until payments are received and it is your responsibility to make sure your documentation (e.g contact details.. etc) is regularly updated.

It is our policy that all fees are paid at least one week in advance by cash, cheque or

Automatic Payment to ANZ Bank Account No: 01-0215-0068168-02

No reduction in fees will be made for absence due to illness, Public Holidays or Child's Holidays as Teachers are employed and paid in a full time capacity according to the number of children enrolled on the daily register.

The fees charged are in direct relation to the days booked and not attended. Fees may only change when a notice is given and a change of Days of Enrolment is completed and signed by the management and the parent.

Parent / Guardian Signature: _____

Date: ____/____/____

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General Information:

HOURS OF OPERATION: 7am to 6pm – Monday to Friday (minimum enrolment 7 hours per day)

DEPOSIT: A non-refundable deposit of \$30.00 to be paid on enrolment to confirm your enrolment.

TWO WEEKS IN ADVANCE are to be paid on enrolment and these are non-refundable. Please ensure that an automatic payment form is set up to start on the 2nd Friday, thus fees are always one week in advance at least. If payment is fortnightly or monthly then please set up for a fortnight or month in advance by automatic payment.

LATE PAYMENT OF FEES: As our policy is that accounts are kept in advance it is not expected that there will be outstanding accounts. However we are sorry, we are not a bank and an unpaid account costs us time, effort and interest. These will incur a 10% per week interest penalty.

STATUTORY DAYS: There is NO REDUCTION in fees for days enrolled that fall on statutory holidays. Full payment for these days is required. There is also NO SWAPPING of days in-lieu for statutory days.

LATE PICK-UP FEE: This is payable direct to each staff member that has stayed behind to look after your child. This is not part of her/their paid employment. A charge of \$10.00 for the first 10 MINUTES and then for every 1 minutes after that is \$1.00. This is payable per staff member and payable by each family.

WINZ/CYPS: This Centre does support families who do receive WINZ subsidies and in some cases CYPS payment. However fees must be paid in full until the letter of confirmation from WINZ or CYPS is received. Any credit held when subsidies are paid will be paid out directly to the parent where applicable. It is the parent's responsibility to ensure all paper work is processed and received by WINZ on time. Any delays could see the parent having to pay full fees until subsidy comes through.

SICK DAYS: FULL FEES: are required when your child is sick or is kept at home due to illness or any other reason. We really appreciate that you phone the centre to let the Staff know that they will be absent and to inform them what appears to be wrong with your child.

ADDITIONAL DAYS: Should you require additional days on a temporary or permanent please request these from the Manager. The Manager will do her best to accommodate your wishes if space is available, and you will have to sign a form which she will generate. If your child has been absent and you wish to "make up" that day, we can only offer you an additional day as above when available, as sick or absent days are charged in full. There are no "in lieu" days given. Extra days are charged at a flat rate, regardless of Govt. Funding.

ANNUAL LEAVE: There is no reduction for time spent away from the centre on Annual Leave. Fees MUST BE PAID BEFORE your go on holiday to ensure a place when you return.

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LEAVING THE CENTRE: When a parent wishes to withdraw their child from the centre they must inform the management in writing and give 2 weeks notice. Parents who withdraw and do not give 2 weeks notice will be charged 2 weeks in lieu and will also be charged the amount in Government Funding that the centre would normally be entitled to. Upon leaving the parent will ensure any baskets, books or other centre material is return.

ACCOUNTS: Statements are available on request. The Manager is always available to discuss your account details.

UNPAID FEES – BAD DEBT POLICY: Due to the fee requirement that fees are kept at least 1 week in advance, it is envisaged that bad debts will in the most part be avoided. However bad debts will not be tolerated. Your account must be kept on week in advance or we reserve the right to not admit your child. If an account is two weeks overdue the Manager will speak to the parent to see if an arrangement can be made in order that the account is caught up in a satisfactory manner that is achievable by the parent will be asked to remove the child from the centre. The Account will then be handed on the Debt Collectors. All Debt Collection costs will also be incurred by the parent.

CHANGES IN FEES: Management does reserve the right to change the fee rates and policies and those rates and policies will apply to parents/children already enrolled or previously quoted from the date specified on the notice. When changes are made a notice will be given in advance and a new schedule given to all parents for signing.

Signed by Parent/Guardian.....

Date: ____/____/____.

MEDICAL INFORMATION:

Please list any allergies your child may have:
.....
.....

Is your child under long term medical treatment or under the care of a specialist or medications? **YES/NO**

If YES, please fill out **PRE-DIAGNOSED CONDITION HEALTH / TREATMENT PLAN** available from Manager.

Does your child have any allergies?

Does your child require a special diet for medical conditions?

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties?

If your child is 15 months or older you must provide an Immunisation Certificate from your doctor.

In the event of your child receiving a minor injury at the centre, the following protocol will take place:

- You will be notified of the accident by telephone or email immediately

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- Child will be comforted and a qualified Teacher holding a current First Aid Certificate will carry out any required treatment:
- Any scrapes and cuts will be cleaned, disinfected with antiseptic cream will be applied and a plaster will be placed on the injury.
- Any insect bites will be treated with ANTISAN cream.
- Any bruise will be treated with an ice pack and application of Arnica cream.
- A comprehensive accident report will be completed and brought to your attention when collecting your child from school. This form will be signed by staff and you will receive a copy.

In the event of your child requiring an urgent medical attention, parents are required to authorise the centre to seek necessary help when it is unable to contact the parents the nominated medical practitioner of the child will be contacted.

Doctor's name: Telephone:

I authorise the management of Angels to seek in the event of an emergency such medical advice or treatment as deemed necessary for the best interests of my Child.

In the event of an emergency, your child may be transported by private motor vehicle from either the centre to a doctor or from an outing or excursion. A child restraint is available at all times as per land transport legislation and you will always be informed

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

TREATMENT AND HEALTH CHECKS

I authorise the management of Angels to administer medication authorised in writing by me for my child from time to time and in the event of any illness, or medical condition. **I will inform Angels staff if I have administered medicine to my child prescribed or not prescribed at least 6 hours prior to my child arriving to the centre to avoid overdosing.**

I consent to Plunket and Public Health checks and consent that the results of these tests being discussed with my child's teacher and management if necessary.

I have read the Medication and Health Policy.

I hereby consent to Category One Non-prescription Medication. Medication that is NOT INGESTED to be used for the First Aid treatment of minor injuries and is provided by Angels and kept in our First Aid Cupboard.

Please tick each one your agree to:

- ☐ Arnica Cream (used for bruising/swelling)
- ☐ Antiseptic Cream/Liquid
- ☐ Insect Bite/Sting treatment or repellent
- ☐ Nappy Cream/Powder

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

Immunisation Certificate

Copy attached Yes / No

Or I have made an informed decision **NOT** to have my child immunised against (please circle)

Hepatitis B Tetanus Polio Pertusis Mumps Diphtheria Hib Rubella Measles

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

GENERAL

I give permission for my child to celebrate birthdays and special events with moderate treats

YES/NO

I give permission for my child to be photographed / video for learning purposes, Centre Facebook page and Centre Newsletters and advertising in the local paper (you will be contacted if your child's picture may appear in the local paper).

YES/NO

I give permission for information about my child to be collected and used for the purpose of my child's care, education and well-being. This is collected from parent conversation, written requests Such as "My Story" and "More of My Story" forms. It will be processed through Centre owned computers with secure Passwords and put into my child's portfolios. The information will only be shared with those that require it to assist in the teaching and well-being of your child within the centre. Only information required by law will be kept. Portfolios will be given upon leaving the centre information on Computers will be deleted.

YES/NO

I have permission for my child to go on supervised local walks, parks, library etc.

And agreed that the adult/child ratio for any trips will be at least 1:4 AND children undertow will be taken in Centre Buggy (6 seated pushchair) with 5 point harness secured with the same ratio.

YES/NO

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CENTRE PHILOSOPHY, PROCEDURE AND POLICIES

In signing this enrolment form I agree to the Philosophy. I agree to abide by the Procedures and Policies of Angels as set down from time to time by management and expectations as set out in the parent information booklet. I understand that terms and conditions as set out in this enrolment is not exhaustive and that others are continued and published in Angels Policy and Procedures Manual. I accept that Angels reserves the right to add, amend, clarify or delete terms, condition.

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

Parents/Guardians have COMPLETED THE ENROLMENT FORM full. Please ask for assistance if unsure.

I have attached a **CHEQUE/CASH FOR \$30.00 ENROLMENT FEE** (Non-refundable)

I have attached a **CHEQUE/CASH TWO WEEKS FEES IN ADVANCE** (non-refundable)

I have attached **MY CHILD'S IMMUNISATION CERTIFICATE**

I have attached **MY CHILDS IDENTIFICATION DOCUMENT**

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

Parent/Guardian Name: Sign: Date:

Angels Manager (Name)..... Sign: Date:

Hereby accepts this enrolment.

Please note: This is an official document and will be retained for at least 7 years as required for by GMA10 of the Licensing Criteria for Early Childhood Education and Care Centres 2008.

Enrolment fee Rec no.	2 weeks initial fees rec.	Copy contract given	Processed into system