



LIFE-START LEARNING CENTRES

Enrolment Agreement Form

2017

Child's details:	
Child's official given name:	Child's official surname:
Child's official other names / middle names: (please separate names with a comma)	
Name your child is known by / preferred name:	
Child's date of birth: dd / mm / yyyy	Male <input type="checkbox"/> Female <input type="checkbox"/>
Copy of official identity verification document* collected by staff: Staff initials: _____	
<input type="checkbox"/> NZ birth cert <input type="checkbox"/> NZ passport <input type="checkbox"/> Foreign birth cert <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other _____	
Ethnic origin/s:	Language/s spoken at home:
Iwi your child belongs to:	
Child's primary residential address:	
Post Code:	
Church affiliation (optional):	
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:
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:

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.

Emergency Contacts: (Persons child could be left with in case of emergency)	
Full Name:	Full Name:
Relationship to the child:	Relationship to the child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Full Name:	• Preferred primary contact:
Relationship to the child:	<input type="checkbox"/> Mother
Address:	<input type="checkbox"/> Father
Post Code:	<input type="checkbox"/> Emergency contact
Phone (Home):	
Phone (Work):	• Most likely daytime contact:
Phone (Mobile):	
Email:	
Doctor:	
Name:	Phone:
Medical Centre:	Address:

Enrolment Details : Nursery (0-3 year olds) / Preschool (3-5 year olds)						
Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<p>20 Hours ECE – if your child is 3 or over and will be accessing 20 Hours ECE at Life-Start Learning Centres, please complete the attestation on the back page of this enrolment agreement.</p> <p>Please Note - 20 Hours ECE funding can only be accessed for your child once an attestation has been completed, signed and dated by the parent/guardian.</p>						
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 Life-Start Learning Centres.
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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.

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:
Person/s who can pick up your child:	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

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.

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Health			
Illness/allergies: Does your child have any allergies or health problems that we should know about? Yes / No			
If Yes please complete the next section (iii) Medicines and complete a Medical Special Needs form.			
Is your child up-to-date with immunisations? (Please provide verifications of all immunisations)	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Immunisations record sighted and details recorded:	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Head teacher or administrator signature: _____		Date: ____ / ____ / ____	

Medicine			
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.			
Medical Special Needs form 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)			
Parent/Guardian Signature: _____		Date: ____ / ____ / ____	

Category (i) Medicines - Non-prescription preparation that is not ingested, used for the 'first aid' treatment of minor injuries or prevention from UV burns, 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: (Delete where necessary)			
▪ Arnica (for bruises)	▪ Sunscreen lotion		
▪ Nappy Creams that are provided by parent/caregiver	▪ Antiseptic liquid (eg. Detol or Savlon used diluted)		
Parent/Guardian Signature: _____		Date: ____ / ____ / ____	

Permissions	
<ul style="list-style-type: none"> ▪ Local Excursions: Do we have your permission to take your child on short local outings and walks? Ratios of at least one adult to every four children will be maintained for these trips and a 'person responsible' will be in charge. (Separate permission will be sought for planned excursions further a-field.) ▪ <input type="checkbox"/> Yes <input type="checkbox"/> No 	Parent/Guardian Signature: _____ Date: ____ / ____ / ____
<ul style="list-style-type: none"> ▪ Observations and photographs: Do we have permission to carry out written observations and use digital images of your child for the purposes of programme planning and documentation? (Students who enter the centre may also wish to observe and use digital images in their assignment work.) <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Digital images are included in our regular centre newsletters. Do we have permission to include images of your child also from time to time? <input type="checkbox"/> Yes <input type="checkbox"/> No Permission to post photos to our Facebook page? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Photos of your child/children to be used on our Life-Start website? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Photos of your child/children to be used for advertising material i.e. Posters, Pamphlets etc. <input type="checkbox"/> Yes <input type="checkbox"/> No 	Parent/Guardian Signature: _____ Date: ____ / ____ / ____

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.

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Agreements

- **Policy Statement:** Life-Start Learning Centres have 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.
- **Payment of Accounts:**
 - Full payment of fees is required at least a fortnight in advance and at least two weeks notice must be given before a child is withdrawn from the centre.
 - **If you fail to honour this agreement your account may be sent to a debt collection agency. You will be liable for any cost incurred in the recovery of your unpaid account, and your credit rating may be affected.**
- **Welcome Pack:** Please ensure you have read all the information in the **Welcome Pack** as it covers such things as fee details, key policies and ways in which we can help you and your child settle into the service.

◆ Parent Declaration

- I declare that all the above information is true and correct to the best of my knowledge
- I agree to comply with Life-Start Learning Centres policies and procedures and with any modifications and additions that may be advertised in the future.
- **Payment of Accounts:**
 - I understand that full payment is required a fortnight in advance and I agree to provide at least two weeks notice before my child is withdrawn from the centre.
 - If I fail to honour this agreement my account may be sent to a debt collection agency.

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

◆ Service Declaration

On behalf of Life-Start Learning Centres, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____

Office use only

Child's reference number: Start date:/...../.....

Booking fee paid/...../..... Initial weekly fee: \$.....

Method of payment: First payment due:/...../.....

WINZ subsidy approved? Date:/...../..... Renewal:/...../.....

Name of person responsible for payment of fees:

Bank account details (A.P.)

Other:

◆ Enrolment Details - Accessing 20 Hours ECE (3 – 5 year olds)						
Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___						
Effective Date of accessing 20 Hours ECE at Life-Start Learning Centres : ___ / ___ / ___						
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.						
Any hours not eligible for 20 Hours ECE funding will incur charges as per the current fee schedule.						
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?	<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"> ▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services. ▪ 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. ▪ 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: ___ / ___ / ___	