



Enrolment Agreement Form

Child's Details

First Name _____ Last Name _____

Copy of official identity verification document* collected by staff (see Privacy Statement)

New Zealand birth certificate Foreign birth certificate

New Zealand passport Foreign passport

Other _____

Staff Initials: _____

Birth Date _____

Male Female

Address _____ Post Code _____

Ethnic Origin _____ Iwi _____ Language spoken at home _____

Application Date _____ Start Date _____ Leaving Date _____

How do you know about us Signage Drove past Flyer Advert Friend Website

Previously enrolled sibling Word of mouth Other _____

Medical

Family Doctor _____

Address _____

Telephone _____

Allergies _____

Special Diet _____

Childhood Diseases _____

Medical Comments _____

Immunisations - *It is a requirement that we maintain an immunisation register*

Is your child immunised? Yes No

Certificate Sited? Yes No

Have you attached a photocopy of your child's immunisation certificate? Yes No

Family Details

Mother's Name _____ Address (If different from child) _____

Occupation _____ Day time telephone _____

Evening telephone _____ Mobile _____

Father's Name _____ Address (If different from child) _____

Occupation _____ Day time telephone _____

Evening telephone _____ Mobile _____

Email _____ (For financials and centre information)

Emergency Contacts (In addition to parents details)

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Is there any person who is *prohibited* access to your child? Yes Name _____ No

Custody order on file? Yes No

Enrolment Details

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parent/Guardian _____

Signature: Date: ____ / ____ / ____

20 Hours ECE Details

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Yes No

Is your child receiving 20 Hours ECE at any other services?

Yes No

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Childsplay Unlimited:

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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.

Declaration

Please read and agree to the following before signing the application:

1. I authorise Childsplay Unlimited to administer medication given by a doctor for my child and in the event of illness or accident to seek medical advice as the Centre deems necessary for my child's best interests.

2. In signing this enrolment form, I agree to the Childsplay Unlimited policy which states that I am not to bring my child to Childsplay Unlimited when they are ill or suffering from any condition that is contagious to others. I will notify the centre if my child is not attending and inform the nature of the illness immediately.
3. I have made myself aware of, and consent to, the policies of the Centre contained in the Parent Information Folder.
4. I will keep the Centre informed as to any changes as my child develops, e.g. Food, sleep routines, allergies, address and phone number.
5. In signing this enrolment form, I give permission for my child's named photo or artwork to be used for their portfolio, and other documentation, displays or in-house publications and facebook, including in media sites i.e. face book, or YouTube and permit their photo to be taken for these purposes.
6. Excursions out of the Centre: In signing this enrolment form, I authorize Childsplay Unlimited staff to take my child on sort walks to the park. These excursions would be in small groups and well supervised as set out in our travel and trip policy. In addition, any trips by vehicle would need separate written approval.
7. Fees agreement: In signing this enrolment for, I agree to pay fees on the basis of the fee schedule/policy that is current at the time and I will pay one week in advance, in accordance with the fee policy. I understand that if I fail to do this I will incur a late fee penalty of 10%. I agree to pay appropriate fees for enrolled days even if the child is unable to attend due to sickness, holidays or statutory holidays. I understand and accept that if any fee remains unpaid beyond the time specified in the fee policy, my child's enrolment may be forfeited and the debt passed on to a Debt Collection Agency. In addition, should the fee structure be changed, I agree to pay the amended fee. Should I disagree, I can withdraw my child from the Centre by giving two weeks notice in writing.

I declare that all of the above information is correct.

Name _____ Relationship to child _____

Signature _____ Date _____

On behalf of Childsplay Unlimited, I declare this form has been checked and all relevant sections have been completed.

Childsplay Unlimited _____ Date _____

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

456 Hillsborough Rd

Mt Roskill

Ph: 09/627-9041

Fax: 09/627-9042

Email: childisplaychildcare@hotmail.com

6B Western Springs Rd

Kingsland

Ph: 09/846-8908

Fax: 09/846-8909

Email: childisplay.kingsland@hotmail.com