

## Enrolment Agreement Form – YKids Early Learning Centre

### ◆ 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:

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](http://www.minedu.govt.nz/parents)

\* Information about acceptable identity verification documents is available online at [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://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.**

**Would you like your invoice and Centre information emailed?**

**Y / N**

**Please provide your email address below**

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

<b>Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

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

**Additional Emergency Contacts (also able to pick up child):**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

**Child's doctor:**

Name:	Phone:
Name of medical centre:	

**Lunches**

A cooked lunch is available at the cost of \$2-50 per day. Please indicate below if you would like to order lunches

	Monday	Tuesday	Wednesday	Thursday	Friday	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**◆ Statutory Holidays / Term Breaks**

This enrolment agreement is **inclusive** of school term breaks. No charge is applied for Statutory Holidays

◆ Enrolment Details:						
Date of Enrolment: ___/___/___    Date of Entry: ___/___/___    Date of Exit: ___/___/___						
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature: _____ Date: ___/___/___						

◆ 20 Hours ECE Attestation:	
<b>1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?</b>	
	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2. Is your child receiving 20 Hours ECE at any other services?</b>	
	<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"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>	
Parent/Guardian Signature: _____ Date: ___/___/___	

◆ Dual Enrolment Declaration
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at [insert name of service].
Parent/Guardian Signature: _____ Date: ___/___/___

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**Health**

Illness/allergies: Does your child have an allergy?

What is your child allergic to?

**Please provide us with details and fill out an individual health plan**

Is your child up-to-date with immunisations?

(Please provide verification of all immunisations)

Tick  
One

Yes

No

**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 sunscreen, Curash, 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.

At Ykids ELC we use arnica cream, sunscreen, antiseptic lotion, insect repellents, Sudocream, Tui bee balm, curash powder and calamine.

Please let us know if there are any specific category (i) medications **you do not want** applied to your child.

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:**

▪

▪

▪

▪

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:

Tick One:

Yes

No

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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**Further information**

- **Excursions:** At Ykids ELC we ask that you give permission for your child to take part in regular local excursions within a 3 km radius of the Centre. All excursions will be written up on whiteboard the week they occur. Adult:child ratios are as per schedule 2 Education (Early Childhood Services) Regulations 2010, or less than if appropriate.
- **Photo/video:** At Ykids ELC we ask that you give permission for your child to be photographed for the purposes of assessment, planning, evaluation and in-Centre use. Written permission will be sought for any use of photos or videos used beyond this purpose.
- **Policy Statement:** YKids ELC 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 and copies can be accessed at the Centre office. 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.
- **Child's strengths, interests and preferences:** Please tell your Head Teacher, primary caregiver/key teacher about your child's strengths, interests and preferences so that we can get to know them well and begin working alongside you to assess and extend your child's learning.
- **Sun hats, sunscreen and extra clothing:** Depending on the season children need to attend Ykids with named sunhats and extra clothing to allow them to play outdoors during winter or changes of clothes for water play. To prevent lost property please ensure everything is named. In the summer months we ask that parents apply sunscreen prior to bringing their child to the Centre.
- **Becoming involved in the Centre:** We welcome parents and whanau to spend time with us and become involved in Centre life. There are many ways in which you can do this so please ask your child's Head Teacher about ways you can become involved.
- **Transition between whanau groups:** We will arrange a smooth transition between whanau groups and introductions to their new primary caregiver/key teacher prior to your child transitioning.
- **Transitional School Visits:** If your child is attending Victory Primary School we may be able to assist with transition to school visits (during school terms we visit on a weekly basis). Please discuss this with your Head Teacher.

**School visits – Start Date** ..... **Time(s)** .....

**Signature** .....

## Fee Structure

**Invoices:** are issued weekly on the Monday after attendance and must be paid by the Friday in which the invoice is issued. If your account becomes more than two weeks overdue then as per our fees policy, failure to pay may result in your child no longer being eligible to attend the Centre.

<b>Hourly Rate</b>	\$6.65
<b>Maximum Daily Rate</b>	\$43.25 (after 6 1/2 Hours)
<b>Maximum Weekly Rate</b>	\$216.25
<b>Lunch</b>	Daily \$2.50 for all regularly booked lunches Casual lunches booked on the day are charged at the same rate
<b>20 Hours ECE</b> (3-5 year olds)	20 hours at Zero Fees There is a maximum of 6 hours per day for 20 ECE and hours above this are charged at the hourly rate YKids does not charge any additional optional charges for children getting 20 ECE hours
<b>WINZ Subsidies</b>	Calculated by WINZ on hours of attendance. Application forms available from Ykids
<b>Absences</b>	Full fees are charged for absences
<b>Holiday Period Rate</b>	A period of two weeks each year can be claimed as a holiday and charged at 50%, if at least two weeks notice is given. No lunch fees are charged for holidays. No fee is charged for public holidays or the Christmas period when the Centre is closed
<b>Family discount</b>	A 10% discount is available for families with two or more children attending

## ◆ Parent Declaration

I agree to pay the required charge within 7 days of invoicing. Invoices are prepared weekly for the previous week's fees and available on Mondays. WINZ subsidies, Early Learning Payments and 20 Hours ECE are applied to invoices where applicable. I understand that if my account is forwarded to a debt collection agency I will be liable for the debt recovery costs.

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 Ykids ELC, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### For Centre use only

	Signed	Date		Signed	Date		Signed	Date
Enrolment loaded			Family Y/N			Allergy/Health info to H/T		
Start Date			Custodial Agreement to H/T			Medication info to H/T		
Fee Rate			Court Order to H/T			Start date/booking to H/T		
Email Invoices	Y/N	Email Information	Y/N	WINZ	ELP	Sponsorship		

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



<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

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