



Enrolment Agreement Form

NB: A one-off \$50 fee for all new enrolments is to be paid before commencing (non-refundable).

Child:

Child's First Name(s):		Surname:	
Name your child is known by:		Languages spoken at home:	
Child's date of birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Ethnic origin:	Iwi your child belongs to:		
Child's home address or addresses:			
Postcode			

Parents / Guardians:

First Name(MOTHER):		First Name(FATHER):	
Surname:		Surname:	
Address: <input type="checkbox"/> (Same as Child)		Address: <input type="checkbox"/> (Same as Child)	
Post Code:		Post Code:	
Ph (Work):	Ph (Home):	Ph (work):	Ph (home):
Ph (Mobile):		Ph (Mobile):	
Email:		Email:	
Occupation:		Occupation:	

Emergency Contacts:

People you would like us to contact if we are unable to contact you & are permitted to collect your child(ren) on your behalf

What is this person's relationship to your child, i.e. Grandmother, Uncle, Family Friend?

What is this person's relationship to your child, i.e. Grandmother, Uncle, Family Friend

Eg. Aunt
.....

Eg. Grandmother
.....

First Name:

First Name:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Ph (work):

Ph (home):

Ph (work):

Ph (Home):

Ph (Mobile):

Ph (Mobile):

Custodial Statement

Are there any custodial arrangements concerning your child?

Yes | No

If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)

Person/s who CANNOT pick up your child:

Name:

Relationship:

Name:

Relationship:



Identification sighted: NZ birth certificate NZ Passport Other _____

◆ Enrolment Details:						
Date of Enrolment: ____ / ____ / ____ Start Date: ____ / ____ / ____ Date of Exit: ____ / ____ / ____						
Days and Times Enrolled:						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Morning 7:30am-12:00pm						Total number of hours:
Afternoon 1:00pm-5:00pm						Total number of hours:
School Day 8:30am-3:15pm						Total number of hours:
Full Day 7:30am-5:00pm						Total number of hours:
20 Hours ECE						
20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

◆ 20 Hours ECE Attestation: <i>(for children aged 3, 4, 5 years only who have opted into 20 ECE Hours)</i>	
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: ____ / ____ / ____	



◆ Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at The Grange Early Learning Centre.

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

◆ Optional Charges:

1. The optional charge is for:

- Sunscreen, morning and afternoon tea and art supplies

2. I understand that if I agree to pay for the optional charge, The Grange may enforce payment.

3. The agreement to pay the optional charge will last until your child graduates and leaves for school

4. I **agree** to pay the optional charge for the items specified in this enrolment agreement form.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Please Note: The Grange ELC is not permitted to charge fees for the 20 ECE hours your 3 or 4 year old is receiving. You can only be charged for the hours your child is enrolled outside the 20 ECE hours. Because our centre is open for 9½ hours per day, you will be eligible for the **first 6 hours** free each day, for up to 20 hours per week (for children attending full days). You will be charged fees for the additional hours your child is enrolled at the centre outside the 20 hours. For 3, 4 & 5 year old children who attend half days, the first 4 hours each day will be free for up to 20 hours per week.

◆ Fee Agreement

I understand and agree that I will pay all fees due to The Grange ELC;

- ✓ At least one week in advance
- ✓ By internet or automatic payment before the due date
- ✓ For all of the days and hours my child is enrolled regardless of absence
- ✓ I agree to provide 2 weeks paid notice for my child's cessation.
- ✓ Failure to make arrangements for any overdue account balance may result in a child's enrolment being forfeited and the debt being passed onto a debt collection agency. Parents will be responsible for any associated costs incurred.

Fee Payment Starting from: _____

Total Weekly Fee Due: _____

Parent/Guardian Signature: _____



Fees:

- I agree to pay for fees at least one **week in advance** by internet banking or direct credit. **No cheques will be accepted at the centre.** Initials: _____ Date: _____
- Fees are required to be paid for all days a child is enrolled **regardless of attendance** which is affected by health, personal reasons or public holidays.
- The centre will be closed on all public holidays. However fees are **still required to be paid** for these days as staff are paid for statutory holidays.
- Fees will **not** be charged for the Christmas Holiday period when the centre is closed. Closing dates for the Christmas Holiday period (two weeks) are 21st December 2015 to 5th January 2016.
- I agree to give two weeks written notification for child absence for holidays. Two weeks at 50% off will be given once a child has been **attending for more than 6 months**. Holidays at 50% off are to be taken in full week blocks (Monday to Friday). A holiday from Wednesday to Tuesday is considered 2 weeks holiday.
Initials: _____ Date: _____
- I agree to notify the centre in writing at least **two weeks in advance** prior to the child finishing at the centre. Fees are payable during this notice period. Initials: _____ Date: _____
- Work and Income subsidies are available for families who qualify for this. I agree to pay **full fees until a subsidy has been approved** and the centre has been paid by WINZ. Any resulting monies due back to the family will be credited to the child's account. Initials: _____ Date: _____
- Families receiving WINZ subsidies are responsible for ensuring their subsidy is maintained and reviewed as necessary. If a subsidy amount decreases or stops completely the family will be liable for all fees owing to the centre.
- Any delays or under-payment by WINZ as a result of family inattention to the subsidy will be charged directly to the family.
- I agree to advise in **writing one week in advance**, of any changes to their child's enrolment hours. The Grange does not provide make up days or allow days to be swapped around. Initials: _____ Date: _____
- Additional fees may be requested for extra-curricular activities such as excursions.
- The fee schedule will be reviewed annually to ensure the centre is able to meet the needs of the budget and stay in keeping with inflation and current market expectations. One months notice will be given.
- **Sibling discount** - a 10% discount will be offered, for the oldest child enrolled only, to families with 2 or more children enrolled at the centre. No discount can be applied to 20 ECE Hours contributions. Discounts cannot be applied if older children's 20 ECE Hours contributions are not made.
- **Late Fee** - While we understand that emergencies arise from time to time, consistent lateness will incur a late fee of \$20 for every 15 minutes after 5pm. This late fee will be added to your account and paid to the staff member who stayed late with your child. I agree to pay late fees charged after the centre's closing time.
Initials: _____ Date: _____
- Failure to keep fees up to date may result in a child's enrolment being forfeited and the debt being passed on to a debt collection agency. I agree that any costs incurred in the recovery of the overdue fees will be payable by me.
Initials: _____ Date: _____



Doctor: Child's Doctor	
Name:	Phone:
Address:	

Health	
Please list any previous or current illness or allergies your child has that we will need to be aware of:	
Please list any foods your child should not eat at the centre:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verifications of all immunisations)	
Immunisations record sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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, provided by service	
▪	▪
▪	▪
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

Category (ii) 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	
Individual Health Care plan required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Individual health plan completed and signed:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian Signature: _____	Date: ____ / ____ / ____



N.B. for any ongoing illness or allergies that require regular medication, emergency medication or treatment, a health care plan will need to be written in partnership with The Grange staff. This health care plan must be reviewed at least every 3 months.

Additional Consents

I give permission for:

- My child to be taken on spontaneous short walks outside the centre with a ratio of at least 1 adult for every four children
- My child to be taken on short trips in a staff member's car when a car seat has been provided
- My child's photographs to be displayed in the centre
- My child's photographs to be displayed on the centre's website and blog (this is a public domain)
- My child's photographs to be displayed on the centre's Facebook site
- My child's photographs to be used for promotion of the centre and in newsletters
- My child to be observed and photographed by student teachers for learning purposes

Signed: _____

Date: _____

Other Relevant Information

- **Policy Statement:** The Grange Early Learning Centre 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 request 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. Failure to comply with these policies could result in termination of enrolment.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.

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: <http://www.education.govt.nz/further-education/for-parents-and-students/your-student-number>.

◆ 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 The Grange Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

