



## Enrolment Agreement Form

### 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.

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number\* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

### Fees Policy:

Fees are payable in advance by bank automated payment or in cash at the centre. Sessions are pre-booked so that accurate rolls can be kept, and the correct staffing ratios maintained. Fees are payable at the beginning of the week attending. A member of staff will receipt cash payments and receipts for automatic payments can be issued on request. **Usual fees will be charged for absences or statutory holidays on enrolled days.** Interest will be applied to overdue accounts at 2.5% per month compounding.

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):
Relationship to child:	Relationship to child:
<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:

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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>
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:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide a copy of verification of all immunisations)	
<b>For staff:</b> Immunisation records sighted, a copy taken and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Medicine</b>	
<b>Category (i) Medicines</b>	
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? <span style="float: right;"><i>Tick One</i>   Yes <input type="checkbox"/>   No <input type="checkbox"/></span>	
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service</b> :	
▪ NaturoPharm Arnica plus cream	▪ NaturoPharm Arnica plus spray
▪ NaturoPharm Calendula cream	▪ Sudocream (zinc & castor oil)
▪ Dettol Antiseptic	▪ tea tree oil
▪ Crystalderm First Aid Cream	▪ Betadine antiseptic liquid spray
▪ Stingose	▪ Bepanthen Nappy Rash Ointment
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>Category (ii) Medicines</b>	
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: ____ / ____ / ____

<b>Category (iii) Medicines</b>	
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.	
<b>For staff:</b> Individual health plan sighted and a copy taken: <span style="float: right;"><i>Tick One:</i>   Yes <input type="checkbox"/>   No <input type="checkbox"/></span>	
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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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:	
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"> <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 The Ole Schoolhouse.
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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## Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

## Consents

- **Excursions:** I consent to my child being taken on impromptu walks or excursions on the understanding that adult:child ratios will be maintained at or above the minimum regulated ratios.
- **Photo/video:** I consent to my children being photographed or videoed Ole Schoolhouse staff, for purposes of display, or the purposes of assessment, planning and evaluation and use in the centre or on our secure web-based software (EDUCA) to assist them in developing a learning programme appropriate for my children.
- I give consent for students who may come for training experience at the centre to record written "observations" on my child so long as their full names are not recorded.
- I consent to my child being photographed videoed by family members or friends of other children in attendance at the centre during birthday parties or other such activities for use in their homes and within the terms of our cyber safety policy.

Please indicate if you give your consent for your child's image to appear in the public area of The Ole Schoolhouse website and/or on the FaceBook page.

Yes

No

## Information

- **Policy Statement:** The Ole Schoolhouse 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. 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.
- **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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.
- **Transitional School Visits:** We support transition to school and support visits to several schools in the Rotorua area.

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Version: January 2023

### Terms of Trade

- For all goods and services provided, and unless otherwise agreed in writing, payment in full is required within 7 days from the date of invoice.
- Interest at 2.5% per month (or part month) may be added to overdue or unpaid accounts.
- All costs and charges relating to recovering overdue or unpaid accounts will be payable by the customer.
- If an account remains unpaid the creditor may list the customer as a defaulter on any public database.
- The customer agrees that information can be released by any third party for the purpose of locating that person's whereabouts.

**Important:** You will be liable for any and all collection costs including commission and agency fees on unpaid accounts that the Centre would normally have to pay for this service.

### 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 Ole Schoolhouse, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

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