



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.

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.

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

Parents / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
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:
Occupation:	Occupation:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
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:

Additional person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:

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:

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Name: Relationship to child:	Name: Relationship to child:
Name: Relationship to child:	Name: Relationship to child:
Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
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?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

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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 Funhouse 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, provided by service:	
<input type="checkbox"/> Arnica Cream	<input type="checkbox"/> Antiseptic cream/liquid
<input type="checkbox"/> Curash powder	<input type="checkbox"/> Itch/Bite/sting cream <input type="checkbox"/> 30+ Sunscreen
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: <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: ____ / ____ / ____

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◆ Enrolment Details:						
Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___						
Fees: \$53 full-day or \$ 39 half-day (Full day 7.15-5.30/ Half day 7.15-12.30 or 12.30- 5,30)						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
Please Note: 20 Hours ECE is for up to six hours per day, up to 20 hours per week.						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours (3 & 4 year olds only)						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

◆ 20 Hours ECE Attestation: (3 & 4 year olds only)	
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/is not enrolled at another early childhood institution at the same times that he/she is enrolled at Funhouse Learning Centre.
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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◆ Optional Charges: (This is for 3 & 4 year olds accessing 20 free hours only)

To enable Funhouse Learning Centre to continue to provide high quality care & teacher/child ratios above Ministry of Education standards we ask that you please tick your choice of the optional charges below.

Please note : optional charges will not exceed max daily rate of \$49 per day inclusive of 20 free.

1. The optional charge is
 - \$ 0.92 per hour and is for the provision of higher teacher/child ratios
 - \$ 5.10 per day and is for the provision of freshly cooked meals.
 - \$ 5.30 per hour and is for each hour booked over and above 20 free.
2. I understand that if I agree to pay for the optional charge, Funhouse Learning Centre may enforce payment.
3. The agreement to pay the optional charges will remain in place for the time your child is enrolled for 20 free hours ECE, unless at **least two weeks' notice in writing** is given, if you intend to change the agreement at any time
4. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.
5. I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

◆ Statutory Holidays / Term Breaks

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

Funhouse Learning Centre is **Closed** on the following public holidays if they fall on a weekday.

- | | | |
|-----------------------------------|-------------------------|------------------------------|
| • New Year's Day | Easter Monday | Christmas Day |
| • Day after New Year's Day | ANZAC Day | Boxing Day |
| • Waitangi Day | Queen's Birthday | Local Anniversary Day |
| • Good Friday | Labour Day | |

Permissions

Please indicate Yes/No, your agreement to the following:

- Do you give permission for your child to take part in regular spontaneous outings. The ratios for children under two years old will be at least 1:3. For children over two the ratio will be at least 1:4 (or 1:5 for children 4 years and over). Yes / No
- Photo/video: permission for the child to be photographed for the purposes of assessment, planning and evaluation.

By permanent staff	Yes / No
By students	Yes / No
- Website/Newspaper/Newsletter: permission for your child's photos to be placed on our public page website or in the local paper. Yes / No

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Other information

- **Policy Statement:** Funhouse 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 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 Pack:** Please ensure you have read the information in the parent handouts 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:** For information on transition arrangements to support your child's transition to school please see the manager to set up an action plan in collaboration with the school of your choice.
- **Individual Education Plans:** Funhouse works closely with outside agencies to support children with special learning, behaviour or health needs to fully access our curriculum. If your child has any special needs or requirements to fully participate at our centre or you feel your child would benefit from the extra support of an IEP please see the manager to discuss the development of one on enrolment.

Parent Declaration

I acknowledge that _____ (child's name) enters Funhouse learning Centre at my own risk and although proper care will be exercised at all times, cannot accept responsibility for misadventure beyond the Centres control.

In the event of an accident or emergency, I authorise the centre to seek such advice or treatment as it deems necessary in the best interest of my child.

I will adhere to the requirements and regulations of Funhouse Learning Centre and will pay my fees on time

I will provide **two weeks notice** for the cancellation of this agreement and understand that I will be charged for such notice whether or not I use the service during that time.

I understand that failure to comply with the requirements and regulations of the centre could lead to the termination of my child's enrolment from Funhouse Learning Centre.

I declare that all the above information is true and correct to the best of my knowledge and by signing this I also agree to the above statements.

Parent/Guardian signature: _____ **Date:** _____

◆ Service Declaration (office use ONLY)

On behalf of Funhouse Learning Centre Ltd, I declare that this form has been checked and all relevant sections have been completed.

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

How did you hear about Funhouse? Friends/Family Internet Newspaper

Other : _____

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