



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:		
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____		Staff initials: _____
Child's date of birth: dd / mm / yyyy		Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s:	Iwi your child belongs to:	Language/s spoken at home:
Child's primary residential address:		
		Post Code:

Name of chosen Educator: _____

Privacy Statement:
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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.</p> <p>You can find more information about national student numbers at: www.minedu.govt.nz/parents</p> <p style="text-align: center;">* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.</p> <p style="text-align: center;">The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p>

Enrolment Details:

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Start time:						
Finish time:						Total hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at Sprouts						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?

Tick One Yes No

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

Tick One

Yes No

If yes to either or both of the above, please sign to confirm that:

- 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 Scallywaggs Sprouts In-Home Childcare.

Parent/Guardian Signature: _____

Date: ___ / ___ / ___

Parents / Guardians:	
1. Given names:	2. Given names:
Surname/ family name:	Surname/ family name:
Address:	Address:
Post Code:	Post Code:
Ph (Home): Ph (Work):	Ph (Home): Ph (Work):
Ph (Mobile):	Ph (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:
Ph (Home): Ph (Work):	Ph (Home): Ph (Work):

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:		
Name:	Name:	Name:

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:
Ph (Home): Ph (Work):	Ph (Home): Ph (Work):
Ph (Mobile):	Ph (Mobile):
Email:	Email:

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"/>
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:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Tick One:</i>	

Special Needs
Does the child suffer from any special needs (eg. hearing, vision, physical disability)?
Are any special management strategies required of the educator to meet the child's individual needs?
Are there any other agencies involved in the child's development (e.g. speech therapist, CCS)?

Aspirations
What aspirations (goals, hopes and wishes) do you have for your child?

Home-Based Education and Care Services Only
Is the educator who will be providing education and care for your child a member of the child's family?
Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the relationship of the educators to your child?
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Statutory Holidays / Term Breaks

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

Sprouts In-Home Childcare is open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:

New Year's Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Waitangi Day	<input type="checkbox"/>	Queen's Birthday	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Labour Day	<input type="checkbox"/>		

Required Information for Licensing Purposes

Excursions:

- I give permission for my child to take part in regular excursions (under the conditions stated in the service's excursions policy). **Yes / No**

Photo/video – I give permission for:

- My child being observed, photographed, and records kept monitoring their learning that is occurring (ie Journal/profile books/learning experiences). **Yes / No**
- For my Educator to take photos and video images of my child for journals and to e-mail you. **Yes / No**
- For photos of my child to be used by Scallywaggs Sprouts for advertising purposes (ie newsletters, brochures, on our website, in our office, sent to organisations we visit). **Yes / No, and select below:**
 Newsletters Brochures Journals Websites Displays Social Networking eg, Facebook

Please Note:

- Policy Statement:** Scallywaggs Sprouts In-Home Childcare 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 Enrolment Pack:** Please ensure you have read the information in the parent enrolment pack 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:** All personal information on your child will be kept securely and remain confidential.

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 Scallywaggs Sprouts In-Home Childcare, I declare that this form has been checked and all relevant sections have been completed.

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



AGREEMENT FORM

This agreement is between Sallywaggs Sprouts In-Home Childcare and Parents

Child's Full Name _____

Parents' Names _____

Enrolling Parent's Name _____

This form outlines the general terms and conditions under which the service operates. The Agreement is valid for the duration of the period a child is in care, or until the need arises for a new agreement to be formulated and signed.

EXCLUSION OF A CHILD DUE TO ILLNESS

A child will not be able to attend the service for any period of time when:

- ♦ The child is suffering from a condition which is contagious through normal social contact;
- ♦ A doctor has recommended the child to not attend the service;
- ♦ The Educator requests the child to not attend care because of sickness;
- ♦ A doctor has prescribed antibiotics or anti-fungal medication for the child; parents must ensure that their child does not return to care until 24 hours after commencement of the medication. If your child has diarrhoea and/or vomiting, the child cannot return to care for 48 hours after the last episode of diarrhoea and/or vomiting.
- ♦ When contacted by the Educator or Co-ordinator to collect the child due to illness, the parent must arrange to have the child collected within one hour.

COLLECTION OF CHILD/REN

A child may be released into the care of a parent, a guardian, or a responsible person into whose care the custodial parent has provided signed permission

- ♦ The person collecting the child must be aged over 16 years and should be able to produce proof of identity.
- ♦ The Educator will not be responsible for the removal of the child by a non-custodial parent or other person; however will do everything in their control to prevent this. In such case, the Educator will make every effort to contact the custodial parent.

MEDICATION

A parent whose child requires administration of medication (prescription or non-prescription) must:

- ♦ Complete the 'Medication Form' at the Educator's home.
- ♦ Provide the correct medication in its original container.
- ♦ Provide written instructions from the doctor.

Educators are only authorised to administer medication in accordance with the parents' written authority. Paracetamol may only be administered in an emergency if the parents are unable to be contacted.

The parent will notify their Educator of any changes or developments in their child's medical history.

ACCIDENT / EMERGENCY

In the event of an accident and/or emergency resulting in the need for medical attention, the parent/guardian hereby gives authority for the Educator or Co-ordinator to arrange such medical assistance and/or ambulance as deemed necessary. Every reasonable effort will be made to contact the parent. The parent will be responsible for any costs incurred as a result of transportation or treatment.

NOTIFICATION OF CHILD ABUSE

The Educator is obliged to report any suspected incidents of child abuse or mistreatment to their Co-ordinator.

COURT ACTION

When a child or children attending the service are the subject of any court action, particularly custody or access issues, the service does not allow Educators to issue statements or provide reports regarding children except when instructed to do so by the Court.

TRAVEL AND EXCURSIONS

The child may be transported in a car with their Educator under the following conditions:

- ♦ The Educator has a full and current drivers licence;
- ♦ The car must have a current warrant of fitness and registration;
- ♦ The child must be in an approved child car seat and secured in an approved restraint. The car seat must be supplied by the parent/guardian;
- ♦ The child must not be left unattended in a car out of sight of the Educator at any time;

AGREED TIME IN CARE

Parents must notify the Educator if their child will not be in care for the agreed times as per the contract. If changes need to be made to the contracted hours, these need to be negotiated with the Educator, and at least two week's notice given. A new contract needs to be agreed to and signed by both the Educator and the parent/Guardian at the Educator's home before the new hours can take effect.

NAPPIES, FORMULA, AND LUNCH

It is the parents' responsibility to provide all nappies, formula, and lunch for their child each day.

OSCAR (SCHOOL) CHILDREN

I understand that my Educator may have school children in care at the same time as my child

I agree that I have read and understood Scallywaggs Sprouts Agreement Form and I will abide by its contents. I understand information collected by this service will only be used for the benefit of my child and will be treated confidentially. Any information may be reviewed and changed by myself at any time.

Parent/Guardian's Signature _____ Print Name _____

Co-ordinator's Signature _____ Print Name _____

Date ____/____/____



PARENT / GUARDIAN FEE CONTRACT

Child's Full Name _____

Enrolling Parent Legal Name _____ Date of Birth _____

Physical Address _____

Postal Address (if different from above) _____

E-mail Address _____

CONTACT DETAILS

Phone (home) _____ (work) _____ (mobile) _____

Fax _____ E-mail _____

CONTACT DETAILS OF TWO (2) RELATIVES NOT LIVING WITH YOU

Name _____ Relationship _____

Physical Address _____

Phone (home) _____ (work) _____ (mobile) _____

Fax _____ E-mail _____

Name _____ Relationship _____

Physical Address _____

Phone (home) _____ (work) _____ (mobile) _____

Fax _____ E-mail _____

RESPONSIBILITY FOR PAYMENT

- ♦ The child's parent/guardian is responsible for payment of childcare fees.
- ♦ Childcare fees will be determined by the service, which will then notify the parent/guardian.
- ♦ Fees must be paid in full one week in advance unless the parent/guardian is granted a childcare subsidy by WINZ. In this case the fee payable will be the total fee less the subsidy.
- ♦ **The parent/guardian will be responsible for contacting WINZ, providing all information, and completing the Subsidy Application forms as required.**
- ♦ The subsidy will be valid from the date stamped on the verification form by WINZ.
- ♦ **The full fee will be the responsibility of the enrolling parent/guardian for any period in which the WINZ subsidy has not been received by the service.**
- ♦ The parent/guardian is responsible to contact WINZ if there is any change to his/her circumstances which may affect their eligibility of subsidy rate.
- ♦ The parent/guardian will be responsible for completing all forms required in order to receive up to 20 hours ECE for their 3 or 4 year old.
- ♦ **Sallywaggs Sprouts** reserves the rights to change the fees and policies, irrespective of previously published or quoted fees, and apply these new rates and policies from the notified dates. You will be given one months notice and receive notification by newsletter.
- ♦ Sallywaggs Sprouts offers a yearly Tax receipt enabling you to claim a percentage of childcare fees you have paid.

ADVANCE PAYMENTS

- ♦ All fees are required to be paid one week in advance.
- ♦ The first week fees are required at the time of enrolment to secure the child's place.
- ♦ Two weeks written notice to the service is required if a child is to cease care. In lieu of notice one week's fees will be charged. Notice will be accepted during business hours Monday-Friday 8:30am to 4:30pm.
- ♦ Attendance Form must be checked and signed by a parent/guardian in the last day of care each week. The fees will be calculated to the nearest quarter hour and the parent/guardian will be charged for the contracted hours or the attended hours, whichever is the greater.

METHOD OF PAYMENT

- ♦ Scallywaggs Sprouts encourages parent/guardian to pay by weekly Automatic Payment as this is a more reliable form of payment and keeps the account regularly in credit as per this contract.
- ♦ Fees may also be paid by internet banking, telephone banking, or cash/cheque to the office.
- ♦ Statements of accounts will be sent out monthly, unless the account is in arrears, in which statements will be sent out fortnightly.

FEE ARREARS

- ♦ **The service has the authority to terminate an enrolment when fees remain outstanding for two weeks or more, and no agreement to pay is in place.**
- ♦ **Placements may also be terminated when an enrolled child is absent for more than three weeks without notice.**
- ♦ **Continual or habitual lateness of fees could jeopardise the child's care placement.**
- ♦ If you default in payment of any invoice when due, you shall indemnify **Scallywaggs Sprouts** from and against all costs and disbursements incurred by **Scallywaggs Sprouts** in pursuing the debt including legal costs on a solicitor and own client basis and **Scallywaggs Sprouts'** collection agency costs.

PUBLIC HOLIDAYS

- ♦ To secure your child's space, your child should be enrolled for the public holidays.
- ♦ Parents will not be charged if care is not required on any particular public holiday, however your Educator will be reimbursed the retainer rate.
- ♦ If care is required for your child, an Educator will be available and the normal attended rate will apply.

ABSENCE AND ILLNESS

- ♦ If your child is to be absent, parents/guardians are asked to notify their Educator as soon as possible.
- ♦ If your child goes on holiday, a retainer fee will be charged in advance to hold your child's space. Two weeks written notice is required. A special agreement for long term absence is available (refer to Long Term Absence Form).
- ♦ **If your Educator is unavailable for any reason** and your child is normally contracted for care, the service will provide you with alternative care with another Educator. If you prefer to, you can arrange care with a friend or family member and you will not be charged.
- ♦ Scallywaggs Sprouts will arrange an alternative Educator for you at your request.
- ♦ **If an Educator is requested, you will be charged the normal fee regardless of whether you use care or not.**

Privacy Act 1993

- 1. I and the Guarantor/s (if separate from me) authorise **Sallywaggs Sprouts** to:
 - (a) collect, retain and use any information about me, for the purpose of assessing my creditworthiness or marketing products and services to me; and
 - (b) disclose information about me, whether collected by **Sallywaggs Sprouts** from me directly or obtained by **Sallywaggs Sprouts** from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by me.
- 2. I am an individual for the purposes of the Privacy Act 1993 and the authorities under Clause 1 are authorities or consents for the purposes of the Privacy Act 1993.
- 3. I have the right to request **Sallywaggs Sprouts** for a copy of the information about me retained by **Sallywaggs Sprouts** and the right to request **Sallywaggs Sprouts** to correct any incorrect information about me held by them.

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ Date ____/____/____

Co-ordinator's Name _____

Co-ordinator's Signature _____ Date ____/____/____