

THE RIDGE CHILDCARE

Enrolment Agreement Form

Enrolment Information, **20 Hours ECE** Enrolment hours and Attestation Information for Early Childhood Education Services

Child:

Child's first names:	Surname:
Name your child is known by:	
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 Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Emergency Contacts:

First Names:	First Names:
Surname:	Surname:

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

Address:		Address:				
Post Code:		Post Code:				
Phone (Home):		Phone (Home):				
Phone (Work):		Phone (Work):				
Phone (Mobile):		Phone (Mobile):				
Email:		Email:				
First Names:						
Surname:						
Address:						
Post Code:						
Phone (Home):						
Phone (Work):						
Phone (Mobile):						
Email:						
Doctor:						
Name:		Phone:				
Address:						
◆ 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	
Times Enrolled:						Total number of hours:
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
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:
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. 	
<ul style="list-style-type: none"> ▪ 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. 	
<ul style="list-style-type: none"> ▪ 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: ____ / ____ / ____	
◆ Optional Charges:	
<i>If you request Optional Charges, this agreement must be included as part of your service's Enrolment Agreement Form</i>	
<i>For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook</i>	
1. The optional charge is for: (please give details of specific activities or items)	
<ul style="list-style-type: none"> ▪ ▪ 	
2. I understand that if I agree to pay for the optional charge, The Ridge Childcare may enforce payment.	
3. The agreement to pay the optional charge will last for: [insert time]	
4. The rules about making changes to the agreement are: (you must give the parent a reasonable opportunity in which to change their mind):	
<ul style="list-style-type: none"> ▪ (Please insert rules here) ▪ 	
5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.	
6. I agree/do not agree (<i>select one</i>) 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/exclusive] of school term breaks.

If your service is open on Statutory Holidays, parents need to confirm enrolment for each individual statutory holiday. **Note:** Please inform us of any alteration in hours.

The Ridge 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 Years Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Day after New Years 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"/>		

◆ 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:

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

◆ Home-Based Education and Care Services Only

This section is a compulsory requirement for Enrolment Agreement Forms used by Home-Based Services

Is the educator who will be providing education and care for your child a member of the child's family?

Tick One Yes No

If yes, what is the relationship of the educators to your child?

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

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 cannot pick up your child:

Name:	Name:
Name:	Name:

Person/s who can pick up your child:	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verifications of all immunisations)	
Immunisations record sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> <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?	Tick One 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 (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	
Individual health plan completed and signed:	<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: ____ / ____ / ____

Permissions (please indicate your approval)
<ul style="list-style-type: none"> ▪ Excursions: Please indicate if you give permission for your child to attend small local walks (within the town centre) ▪ Permission for the child to take part in regular excursions (under the conditions stated in the excursions policy). ▪ Photo/Video permission: I give permission for my child to be videoed/photographed for the purposes of assessment, planning, evaluation and our own website.

<ul style="list-style-type: none"> ▪ Policy Statement: The Ridge 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 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: All personal information on your child will be kept securely and remain confidential. ▪ Child's strengths, interests and preferences: Please tell us about your child's strengths, interests and preferences <p>Fees: In signing this enrolment form, I hereby agree to pay the fees as outlined in the 'Fee Policy' and the Parent Handbook. I understand that my child's place may be forfeited if the fees are not kept up to date. Any debt incurred by The Ridge Childcare to recover unpaid fees will be payable by the parent/caregiver of that child.</p>

◆ 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 Ridge Childcare, I declare that this form has been checked and all relevant sections have been completed.

Service Provider 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: ____ / ____ / ____						

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: ____ / ____ / ____						

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.