



**THE RIDGE CHILDCARE**

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**ENROLMENT AGREEMENT FORM -THE RIDGE  
CHILDCARE LTD**

322 Kerikeri Road, Kerikeri

Phone: 094077333 Email: [info@theridgechildcare.co.nz](mailto:info@theridgechildcare.co.nz)

Website: [www.theridgechildcare.co.nz](http://www.theridgechildcare.co.nz)

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

**◆ 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:

Parent/Caregiver contact phone number (landline & cellphone):

**◆ 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](http://www.minedu.govt.nz/parents)

**Parents / Guardians:**

**1. Given names:**

**2. Given names:**

**Surname / family name:**

**Surname / family name:**

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): Place of work:	Phone (Work): Place of 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):

<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:

<b>Child's doctor:</b>	
Name:	Phone:
Name of medical centre:	

<b>Health</b>	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	

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<b>For staff:</b> Immunisation records sighted and details recorded:	Tick One	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;">Tick One</span> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
▪	▪
▪	▪
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>Category (ii) Medicines</b>	
Category (ii) medicines are <b>prescription</b> (such as antibiotics, etc) or non-prescription 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.	
<b><i>Pamol/Ibuprofen: As a condition of enrolment you agree to not send your child to The Ridge Childcare while they require Pamol or an Ibuprofen based medication to get through the day.</i></b>	
<b><i>Pamol/Ibuprofen artificially lowers temperature and treats pain. Medications such as these can mask symptoms of more serious infections such as meningococcal disease. If your child requires this, they should not be attending the centre.</i></b>	
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;">Tick One:</span> 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: ____ / ____ / ____

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



## ◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. **We are NOT open on Statutory Holidays. Please note that The Ridge Childcare will still charge the parent/caregiver for statutory holidays unless it is our annual shutdown.**

If your service is open on Statutory Holidays, parents need to confirm enrolment for each individual statutory holiday.

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 – (please initial by each heading)

- **Excursions:** Permission for the child to take part in regular spontaneous excursions (either on foot or in our centre van) within our town centre (5km radius) without prior written consent from parent/caregiver.
- **Photo/video:** permission for the child to be photographed for the purposes of assessment (i.e. learning stories), planning and evaluation. Also photos may be used for our private Facebook whanau page & newsletters.

- **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.
- **Dietary Requirements:** If your child has special dietary requirements, depending on the severity, you may have to provide their food. Please speak to our head teacher or administrator upon enrolling your child if this applies to you.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences. There is a 'child's routine' page attached to this enrolment form for you to fill in.
- **Fees:** In signing this enrolment form, I hereby agree to pay the fees as outlined in the Fees Policy and the Parent Handbook. I understand that my child's enrolment 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. If you have applied for a WINZ subsidy, we must have a stamped copy of your application (front page) upon enrolment. Please note it is the parent/caregiver's responsibility to have their child's account paid up to date until such a time that their WINZ subsidy is actioned.

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

**◆ 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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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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20 Hours ECE at this service						
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Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

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For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
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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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