



Childsplay Unlimited  
Childcare and Learning Centres

# Enrolment Agreement

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

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**◆ 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:

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Iwi your child belongs to:

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Language/s spoken at home:

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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 2020. 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: [eli.education.govt.nz](http://eli.education.govt.nz)

\* Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://eli.education.govt.nz)

**The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.**

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| <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(if different from child):  | Address(if different from child):  |
| 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:  |
| Email me: <input type="checkbox"/> Newsletters/events <input type="checkbox"/> Financial | Email me: <input type="checkbox"/> Newsletters/events <input type="checkbox"/> Financial |

| <b>Custodial Statement</b>  |                               |
|---|-------------------------------|
| Are there any custodial arrangements concerning your child? YES <input type="checkbox"/> NO <input type="checkbox"/>      |                               |
| 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>Additional Emergency Contacts (also able to pick up child):</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 (Mobile):   | Phone (Mobile):               |
| Email:  | Email:                        |

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

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| Health   |   |
|--|---|
| Illness/allergies:   | Special Diet(eg. vegetarian):                                     |
| Is your child up-to-date with immunisations?                         | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (Please provide verification of all immunisations)                   |   |
| <b>For staff:</b> Immunisation records sighted and details recorded: | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Medicine   |   |
|--|---|
| <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?  | Tick One 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>  |   |
| ▪ Arnica Cream   | ▪ Sunscreen SPF 50  |
| ▪ Calendula Cream  | ▪ Antiseptic wipe/cream   |
| 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. |  |
| <b>For staff:</b> Individual health plan sighted and a copy taken:  | Tick One: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name of medicine:   |  |
| Method and dose of medicine:  |  |

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|  |                       |
|--|-----------------------|
| When does the medicine need to be taken: (State time or specific symptoms) |                       |
|  |                       |
| Parent/Guardian Signature: _____   | Date: ___ / ___ / ___ |

| ◆ 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 compulsory fees</b> when a child is receiving 20 Hours ECE funding. |        |         |           |                       |        |              |
| Days Enrolled:  | Monday | Tuesday | Wednesday | Thursday              | Friday |              |
| Times Enrolled:   |        |         |           |                       |        | Total hours: |
| For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours  |        |         |           |                       |        |              |
| 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   | Yes <input style="width: 30px; height: 25px; border: 1px solid black;" type="checkbox"/> No <input style="width: 30px; height: 25px; border: 1px solid black;" type="checkbox"/> |
| 2. Is your child receiving 20 Hours ECE at any other services?  |  |
| <i>Tick One</i> Yes   | Yes <input style="width: 30px; height: 25px; border: 1px solid black;" type="checkbox"/> No <input style="width: 30px; height: 25px; border: 1px solid black;" 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: ___ / ___ / ___   |  |

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**◆ 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 Childsplay Unlimited.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**◆ Statutory Holidays / Term Breaks**

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

Childsplay Unlimited will not be open for any public holidays.

**◆ Fees:**

1. I/We agree to pay \$\_\_\_\_\_ per week
2. I/We have read and agree to the authorisation agreement specified on page six of this agreement

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**◆ Authorisation Agreement:**

- **Policy Statement:** Childsplay Unlimited has a number of policies that set out the procedures that are in place for the care and education of the children who attend the centre. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by our policies and understand how you can have input to policy reviews.
- **Medical authority:** I authorise a senior staff member, in the event of illness or accident, to seek medical, or other advice as deemed necessary, for my child's best interest.
- **Excursions:** My child has my permission to participate in local community walks with other children and appropriate staff ratios. A trip to the local park is a regular trip for preschool children. Child to teacher ratio is 1:4 for children over 2.

**Parent/Guardian signature:** ..... **Date:**.....

- **Fees:** I agree to pay fees on the basis of the fee schedule/policy that is current at the time and I will pay one week in advance, in accordance with the fee policy. If I fail to pay the fees I will incur a late fee penalty of 10%. Fees are to be paid for days enrolled, even when children are sick and any statutory holiday, when your child is enrolled for that day even if the centre is closed. Any fee remains unpaid beyond the time specified in the fee policy, my child's enrolment may be forfeited and the debt passed on to a Debt Collection Agency.
- **Holidays:** Once a child has been attending Childsplay Unlimited continuously for 6 months they are entitled to 2 weeks holiday free per calendar year. Additional holidays will be charged full fees.
- **Withdraw:** Two weeks written notices is required if your child is to leave the Centre. Fees are payable during this notice period.
- **Photos:** As part of the planning process and to document learning, we gather artwork and photos of all children. I agree that my child may have his/her photo taken as well as be included in;
  - Group Stories  Yes  No
  - Community Posts  Yes  No

I give permission for the use of my child's photos to be used on the Childsplay Unlimited Facebook page, Instagram and website, and be used for Childsplay Unlimited promotional material.

Yes  No

**Parent/Guardian Declaration:** ..... **Date:**.....

- **Authorisation:** I have read this agreement along with the information pack and Centre Policies and agree to accept the conditions stated therein.

**Parent/Guardian Declaration:** ..... **Date:**.....

**◆ 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 – Office Use Only**

On behalf of Childsplay Unlimited, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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