

◆ 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 review.
  - **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. Ratios of Adult: Child .1:2 for children under two & 1:4 for children over 2. Parents will be notified of any planned trip. Risk assessment of the regular excursion is available at the centre. Please sign below that you have sighted the risk assessment.
- 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. If 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:** When your 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.
  - **Withdrawal:** Two weeks written notices is required if your child is to leave the Centre. Fees are payable during this notice period.
  - **Sunscreen Protection :** I agree that staff may apply sunscreen to my child as per Sun Protection Policy.
  - **Seating Support During Mealtimes:** If your child cannot sit independently, we will provide a consent form for you to sign.
  - **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 photos and names to be used on the Childsplay Unlimited Facebook page, website and use 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

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

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

NAME: \_\_\_\_\_



# Enrolment Agreement

456 Hillsborough Road	6B Western Springs Road
Mt Roskill	Kingsland
Ph: 09 627 9041	Ph: 09 846 8908
Email:	Email:
childsplaychildcare@hotmail.com	childsplay.kingsland@hotmail.com

[www.childsplayunlimited.co.nz](http://www.childsplayunlimited.co.nz)

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:

Child’s date of birth:

dd / mm / yyyy

Male

Female

Child’s ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child’s primary residential address:

Post Code:

◆ Child’s Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.

Official Identification document/s sighted by staff:

☐ New Zealand birth certificate

Foreign birth certificate

☐ New Zealand passport

Foreign passport

Other

Staff initials:

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◆ 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 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 terms and conditions specified on page seven of this agreement

Parent/Guardian Signature:

Date:

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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:

YesNo

Tick One:

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: \_\_\_\_/\_\_\_\_/ \_\_\_\_

◆ 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 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: \_\_\_\_/\_\_\_\_/ \_\_\_\_

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◆ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see [Principle 3 - Collection of information from subject](#)). Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

for funding allocation purposes

for monitoring purposes

to allow the assignment of a National Student Number\* to your child, and

to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

\* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

◆ Parents / Guardians:

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Occupation:	Occupation:
Relationship to child:	Relationship to child:

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◆ Additional Emergency Contacts (also able to pick up 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:
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:	
Name:	Relationship:

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◆ Child's doctor:	
Name:	Phone:
Name of medical centre:	
◆ 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)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <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:	
Healthe Sunscreen SPF40 with Insect Repellent	Martin & Pleasance Arnica Cream
Smart 365 Sun SPF50+ Sunscreen	All Natural Arnica Cream
Naturo Pharm Calendula 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 that 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: ____/____/____

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