

Enrolment Agreement Form – POPPIES KINDERGARTEN

NB: A one-off \$100 fee for all new enrolments is to be paid before commencing (non-refundable).

Child Details:

Child's official given name:	Child's official surname or family name:		
Child's official other names/middle name: 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"/>	
Ethnic origin:	Iwi your child belongs to:	Language/s spoken at home:	
Child's primary residential address:			
Postcode			

Parents / Guardians:

Are parents living together or separated ?

First Name(MOTHER):		First Name(FATHER):	
Surname/Family Name:		Surname/Family Name:	
Address: <input type="checkbox"/> (Same as Child)		Address: <input type="checkbox"/> (Same as Child)	
Post Code:		Post Code:	
Ph (Work):	Ph (Home):	Ph (work):	Ph (home):
Ph (Mobile):		Ph (Mobile):	
Email:		Email:	
Occupation:		Occupation:	

Emergency Contacts:

People you would like us to contact if we are unable to contact you & are permitted to collect your child(ren) on your behalf

What is this person's relationship to your child, i.e. Grandmother, Uncle, Family Friend?	What is this person's relationship to your child, i.e. Grandmother, Uncle, Family Friend
Eg. Aunt	Eg. Grandmother
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Ph (work):	Ph (Home):
Ph (Mobile):	Ph (Mobile):

Emergency Contacts: *People you would like us to contact if we are unable to contact you & are permitted to collect your child(ren) on your behalf*

What is this person's relationship to your child, i.e. Grandmother, Uncle, Family Friend?		What is this person's relationship to your child, i.e. Grandmother, Uncle, Family Friend	
Eg. Aunt		Eg. Grandmother	
First Name:		First Name:	
Surname:		Surname:	
Address: Postcode:		Address: Postcode:	
Ph (work):	Ph (home):	Ph (work):	Ph (Home):
Ph (Mobile):		Ph (Mobile):	
What is this person's relationship to your child, i.e. Grandmother, Uncle, Family Friend?		What is this person's relationship to your child, i.e. Grandmother, Uncle, Family Friend	
Eg. Aunt		Eg. Grandmother	
First Name:		First Name:	
Surname:		Surname:	
Address: Postcode:		Address: Postcode:	
Ph (work):	Ph (home):	Ph (work):	Ph (home):
Ph (Mobile):		Ph (Mobile):	

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: : <input type="checkbox"/> Yes : <input type="checkbox"/> No	
Name:	Name:
Name:	Name:

◆ Enrolment Details:

Date of Enrolment: ___ / ___ / ___ Date of entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
TIMES ENROLLED Mornings – <i>2 year olds only</i> <i>Limited spaces apply</i> 8:15am-1pm						Total number of hours
8:15am–3:15pm						Total number of hours:
Transition to School Sessions (Tuesday & Thursdays)						

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

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. **Please note that Poppies Kindergarten does not provide sessions of six hours or less per day.**

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: (for children aged 3, 4, 5 years only who have opted into 20 ECE Hours)

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 not enrolled at another early childhood institution at the same times that he/she is enrolled at Poppies Kindergarten.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Term Breaks/School Holidays

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

◆ Fee Agreement

I understand and agree that I will pay all fees due to Poppies Kindergarten;

- ✓ At least one month in advance
- ✓ By internet or automatic payment by 7 days from receipt of invoice.
- ✓ For all of the days and hours my child is enrolled regardless of absence
- ✓ I agree to provide 2 weeks paid notice for my child's cessation.
- ✓ Failure to make arrangements for any overdue account balance may result in a child's enrolment being forfeited and the debt being passed onto a debt collection agency. Parents will be responsible for any associated costs incurred.

Fee Payment Starting from: _____ Total Weekly Fee Due: _____

Parent/Guardian Signature: _____

Terms and Conditions of Enrolment:

Illness, Absence and Medicine

I agree not to bring my child to Poppies if they are unwell or suffering from any condition that is contagious – details of which are in the Poppies Handbook. I will advise Poppies staff promptly by no later than 9am each morning of my child's absence and inform them of the nature of the illness. I authorise Poppies staff to administer medication provided by me for my child and in the event of illness or accident to conduct first aid and/or seek medical advice as the kindergarten deems necessary for my child's best interest. I give permission for Poppies staff to administer arnica or savlon, for my child as required. In the event of an emergency, I authorise Poppies staff to seek professional medical assistance or treatment as they deem necessary. I will incur the cost of any such extra services.

Outing/Excursion Authority

I give permission for Poppies staff to take my child on short group educational excursions into the park, bush and/or dairy near to kindergarten. I agree to the adult/child ratio being a minimum of 1:5 which applies on these local group educational excursions/walks. I also give permission for my child to take part in activities held in the upstairs Poppies Kindergarten gym daily as well as using the gated driveway area during bike days when a ratio of 1:10 applies.

Policy Statement: Poppies Kindergarten 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.

Arrival and Departure

During my child's enrolment at Poppies, I will sign the daily sign in and out sheets on arrival and departure. Please note that your child must attend for a minimum of 6 hours per day. I will call the staff at Poppies if I am unavoidably late and I acknowledge that the late collection fee applies on every occasion that my child is collected more than 15 minutes after 3:15pm. I understand that my child can not be delivered or collected from Poppies by persons under 16 years of age. If my child is to be collected by someone not previously nominated, I will advise the Poppies staff prior to collection and sign the pick up book. To ensure all children's safety, I agree not to inform anyone else other than the regular transporter of my child of the main entrance access code. I will ensure that all doors and gates are securely closed each time on entering and exiting Poppies.

I agree to the terms and conditions above:

Signature: _____ **Date:** _____

Fees Policy:

- I agree to pay for the Poppies fees on the basis of the current fees schedule and agree to pay the 4-6 week **period in advance** and/or term fees as applicable by internet banking or direct credit within **7 days of receipt of account**. No cheques will be accepted at the Kindergarten.

Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

- Fees are required to be paid for all days a child is enrolled **regardless of attendance** which is affected by health, personal reasons or public holidays. We are open during the school holidays and fees are chargeable regardless of attendance during the holidays. Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

- The centre will be closed on all public holidays. However fees are **still required to be paid** for these days as staff are paid for statutory holidays.

- Fees will **not** be charged for the Christmas Holiday period when the kindergarten is closed. Closing dates for the Christmas Holiday period are two-three weeks and these dates will be given to you in advance.

- I agree to give two weeks written notification for child absence for holidays. Two weeks at 50% off will be given once a child has been **attending for more than 6 months**. Holidays at 50% off are to be taken in full week blocks (Monday to Friday). A holiday from Wednesday to Tuesday is considered 2 weeks holiday.

Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

- I agree to notify the centre in writing at least **one month in advance** prior to the child finishing at the kindergarten. Fees are payable during this notice period.

Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

- Work and Income subsidies are available for families who qualify for this. I agree to pay **full fees until a subsidy has been approved** and the kindy has been paid by WINZ. Any resulting monies due back to the family will be credited to the child's account. Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

- Families receiving WINZ subsidies are responsible for ensuring their subsidy is maintained and reviewed as necessary. If a subsidy amount decreases or stops completely the family will be liable for all fees owing to the kindergarten.

- Any delays or under-payment by WINZ as a result of family inattention to the subsidy will be charged directly to the family.

- I agree to advise in **writing two weeks in advance**, of any changes to their child's enrolment hours. Poppies does not provide make up days or allow days to be swapped around. Poppies does offer extra sessions at the standard rate if a place is available on the day required.

Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

- Additional fees may be requested for extra-curricular activities such as excursions.

- The fee schedule will be reviewed annually to ensure the centre is able to meet the needs of the budget and stay in keeping with inflation and current market expectations. One months notice will be given.

- Sibling discount** - a 5% discount will be offered, for the oldest child enrolled only, to families with 2 or more children enrolled at the kindergarten

- Late Fee** - While we understand that emergencies arise from time to time, consistent lateness will incur a late fee of \$20 for every 15 minutes after your enrolled session ends. This late fee will be added to your account and paid to the staff members who stayed late with your child. I agree to pay late fees charged after the session finishes.

Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

- Failure to keep fees up to date may result in a child's enrolment being forfeited and the debt being passed on to a debt collection agency. I agree that any costs incurred in the recovery of the overdue fees will be payable by me.

Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

- Fees that are overdue by more than two weeks will incur a 10% penalty.

Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

Doctor: Child's Doctor	
Name:	Phone:
Name of medical centre:	
Address:	

Health	
Please list any previous or current illness or allergies your child has that we will need to be aware of:	
Please sign that you have read the Ministry of Health's Booklet "Reducing Food Related Choking for Babies and Young Children at Early Learning Services". This provides guidelines on best practice food to be included in children's lunchboxes. Parent/Guardian Signature: _____ Date: ____/____/____	
Please list any foods your child should not eat at the centre if we were to have a shared morning tea/ lunch etc:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verifications of all immunisations)	
Immunisations record sighted and details recorded:	<i>Tick One</i> 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?	<i>Tick One</i> 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	
▪ Savlon	▪ Arnica 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.

For staff: Individual health plan sighted and a copy taken: *Tick* Yes No
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: ____ / ____ / ____

N.B. for any ongoing illness or allergies that require regular medication, emergency medication or treatment, a health care plan will need to be written in partnership with the Poppies staff. This health care plan must be reviewed at least every 3 months.

Additional Consents

I give permission for:

- My child to be taken on spontaneous short walks outside the kindergarten with a ratio of at least 1 adult for every five children
- My child's photographs to be displayed in the kindergarten
- My child's photographs to be displayed on the kindergarten's website
- My child's photographs to be displayed on the kindergarten's Facebook site
- My child's photographs to be used for promotion of the kindergarten and in newsletters or brochures
- My child to be observed and photographed by student teachers for learning purposes

Signed: _____ Date: _____

Other Relevant Information

- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, and ways in which we can help you and your child settle into the service.

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

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

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

