



ENROLMENT FORM

Child's Full Name: _____
Parent's Full Name: _____
Centre child wants to enrol at: _____
Sibling in centre/if yes name: _____
Staff Member taking enrolment: _____

Date of Enrolment: ____ / ____ / ____
Date of Entry: ____ / ____ / ____
Date of Exit: ____ / ____ / ____



"We are more than childcare we are family"

Management Checklist

- Staff members child Y / N
- Copy Child's ID verification (Passport/Birth cert etc) Y / N
- Copy of immunisation form Y / N
- Photo ID of Enrolling Parent Y / N
- Proof of address Y / N
- 1st week payment in advance (if paying parent) Y / N
- Account details given to parent if they are paying Y / N
- Has the child been given their welcome pack Y / N
- Has the parent been shown around the centre and introduced to all staff Y / N
- WINZ application been filled out Y / N
- I have checked that enrolment form is filled out correctly and completely Y / N
- WINZ application lodged (please write date confirmation page was received back) _____
- Parents WINZ Client number _____
- I have gone through Marketing questions with parent Y / N
- I have gone through ChoiceKidsCARES with parent Y / N
- I have explained about our FREE party hire Y / N
- Child settling in process assigned to a teacher: Teacher's Name: _____

Child Information

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: 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: _____

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

* Information about acceptable identity verification documents is available online at
www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

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

Parents / Guardians (who have access to the child):

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional Emergency Contacts (also able to pick up child):

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Custodial Statement:

Do both parents have day to day care of the child?

If No, are there any custodial arrangements concerning your child?

Names of any persons who are forbidden to have any access or restricted access to this child. (Please note: A court order needs to be sighted and a copy held on file in order for our centre to prohibit a parent from collecting his/her child.

Name: _____

Court order on file: _____

Name: _____

Court order on file: _____

The names of the people who, by direction of a person who has custody of the child are allowed to collect this child or should be consulted if the child is ill or injured. (Other than those stated on the parental/guardian page).

Name: _____ Relationship: _____

Home Ph: _____ Mobile Ph: _____

Address: _____

Name: _____ Relationship: _____

Home Ph: _____ Mobile Ph: _____

Address: _____

NOTE: No child will be given permission to leave the centre unless the person collecting the child is noted on this form. If a person who is not on this form, a written letter by the parent must be presented to the Centre Manager.

Health:

Childs Doctor:

Doctor Phone:

Doctors Address:

In the unlikely event of a medical emergency, I understand my child will be given basic First Aid treatment by the centre staff and if necessary taken to the hospital in an ambulance. Parents or a contact person will be notified immediately.

Any Child with a fever, rash, sticky eyes, diarrhoea or vomiting is required to stay at home until 48 hours after symptoms settle.

Disclosures:

I am aware of the health related policies and have been informed of these by the Centre Manager	Y / N
I give permission for my child's head to be checked for lice by the Centre Manager	Y / N
I am aware that in the case of my child having head lice , she/he may be asked to stay home until treated	Y / N
I give permission to centre staff to apply a NZ approved sun block, insect repellent and/or zinc to my child	Y / N

Specifics

Does your child have any specific dietary requirements/allergies? (Please specify)

Does your child have any special difficulties that the centre should be aware of? (Please specify)

Immunisation

Has your child had all immunisation to date?	Y / N
I have shown the supervisor a copy of my child's immunisation certificate?	Y / N

(Please note that you are not required to have all of these up to date however in the event of an outbreak of a serious communicable illness your child may be excluded from the centre under the direction of the Medical Officer of Health if they are not up to date)

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

☐

No

☐

Name/s of specific category (i) medicines that can be used on my child, provided by service:

•

•

•

•

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 One:

Yes

☐

No

☐

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:

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:

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

20 Hours ECE Attestation:

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.

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:

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 Choice Kids

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

Fees & Work & Income Childcare Subsidy

I am applying for a Work and Income childcare subsidy	Y / N
I understand I am responsible for paying my fees in full until my subsidy is approved	Y / N
I understand that I am responsible for any fees that are not covered by the subsidy	Y / N
I understand it is my responsibility WINZ are informed of any changes to my circumstances	Y / N
I understand any over payment made by WINZ will be reimbursed to WINZ	Y / N
I will make a full application for a subsidy prior to my child starting at this centre	Y / N
I understand my fee will be _____ per week	Y / N

I agree to the following fees, terms and conditions:

Enrolment One week fees must be paid prior to enrolment day. This covers your first week and leaves you one week in advance. It is mandatory to keep your account one week in advance.

Payment Fees are to be paid by direct debit only. Accounts that are in arrears without prior arrangement will incur a late payment penalty of \$5 per week for every week your account is in arrears. Failure to meet your payment obligations will result in collection costs being charged to your account.

Late Pick Up We understand at times you may have an unforeseen circumstance that forces you to run late. Where we can assist we will however we are not licenced to stay open past 6pm. Late pick up may result in a fee of \$10 for every 15 minutes (or part thereof) being charged to your account. This is at the Centre Managers discretion.

Holidays Centre will be closed during statutory holidays. Statutory Holidays are charged in full except for any hours attested as 20 Hours ECE. You are entitled to 3 weeks annual leave at a reduced rate of 60% off your normal fee during the year. You need to ensure the Centre is notified in writing 3 weeks prior to your leave date. Failure to do so will result in full fees being charged to your account.

Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.
This service is closed on Statutory Holidays

Absence If your child is absent due to sickness or any other reason (apart from planned holidays above) you are still required to pay the full fee for the day of absence.

I have read and agree to the above terms and conditions

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Sibling Discount

We cap our fulltime fees for 2 or more children of the same family to \$250. This discount is providing your account with us is not in arrears.

Changes to Enrolment

We require two weeks written notice if you wish to terminate or change a fulltime booking to an hourly rate booking. Failure to do so will result in full fees being charged to your account.

Terms & Conditions of Enrolment

This fee schedule may be reviewed from time to time. At least two weeks' notice of any changes will be given. The centre reserves the right to add, amend, delete or clarify conditions or policies by issuing newsletters, notices or posting notification on the centre noticeboards. If the centre is overbooked at any time you agree that you may be contacted for your child to be taken back home to ensure our centre remains within license numbers or you could be asked to collect your child.

Privacy Act

The information requested in this enrolment application form is needed by the centre to comply with statutory requirements. We are obliged by regulation to keep these records for at least 7 years. In the unlikely event that it is necessary to refer your account to a debt collection agency, information supplied by you will be made available to the debt collection agency.

Short Local Outings

I give permission for my child to go on short local outings and walks etc provided my child is in the supervision of ChoiceKids childcare Qualified Teachers and appropriate ratios are maintained at all times.

Privacy Other

I give permission for my child to be photographed and video recorded while at ChoiceKids Childcare and photos uploaded onto Facebook.

DECLARATION

By signing this form, you agree to the terms and conditions of this Fee, Payment & Terms schedule. You also agree to abide by centre policies & procedures which are subject to change from time to time. I declare that all the above information is true and correct to the best of my knowledge.

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 ChoiceKids I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

Permission to go on trips including driving on the motorway

I _____ give permission for my child
_____ to go on trips including driving on the motorway.

Responsibility

ChoiceKids childcare will ensure the vehicles that are used to transport children to and from the trip complies with New Zealand road laws including a Current WOF & Registration. ChoiceKids will also ensure the vehicle is driven by a ChoiceKids staff member with a Current & Full New Zealand Drivers Licence.

Declaration

I have given ChoiceKids Childcare responsibility to transport my child to and from childcare. I understand and accept the responsibilities of ChoiceKids set out under 'responsibility'. I agree that in the unlikely event of an accident it is not ChoiceKids Childcare Ltd responsibility providing ChoiceKids Childcare Ltd meets the requirements listed under 'responsibility' (above).

Parent Name: _____
Parent Signature: _____
Relationship to child: _____
Date: _____

Date: _____
Witness Name: _____
Witness Signature: _____

NOTES

ChoiceKids New Child Procedure

Date: _____

Child's Name: _____

Start Date: _____

Parent's Name: _____

Teacher assigned: _____

If teacher assigned is away, who has taken ownership: _____

Day One

Teacher & Centre Manager Communicated with Parent/Caregiver that it may take some time for child to trust the centre and settling in

Y / N

Teacher & Centre Manager has encouraged Parent/Caregiver to treat the centre like their home and advised they can be in the centre as long as they want

Y / N

Teacher has contacted Parent/Caregiver during the day to give Parent/Caregiver a friendly update about how child is settling

Y / N

Teacher has given a welcome gift from ChoiceKids (EG Photo frame with Hand/Poem) to the Parent/Caregiver

Y / N

Portfolio started with a few sentences of his/her first day & their interests & some photos

Y / N

The ChoiceKids way...

- 1) We believe that no child should leave our centre due to not settling in. It is our responsibility to communicate with the parents & make each child feel like they belong at ChoiceKids
- 2) It is the teachers responsibility to find the child's interests & ensure the child makes friends. The teacher MUST be the child's friend until the child feels settled in the centre
- 3) It is the teachers & the Centre Managers responsibility to ensure the child's parent/caregiver feels welcome & at home in the centre from day one

Teacher Signature: _____

Operations Manager Signature: _____

Please place in child's file

Do you CARE?

ChoiceKids CARES

100% Non Profit

CHILD POVERTY IS WRONG



**Help us
put this
RIGHT !**

Donate

ONLINE :

www.choicekids.co.nz

www.choicekidscares.org.nz

BANK TRANSFER:

National Bank Account

06-0401-0357713-00

DONATION BOXES:

In your ChoiceKids Centre

EMAIL:

admin@choicekids.co.nz

**100% Non Profit every \$1 goes
directly to the children**

0800 4 UR KID



ChoiceKidsCARES

E: admin@choicekids.co.nz

W: www.choicekids.co.nz

ChoiceKids & FAMILY

Parent Name: _____

Child Name: _____

Questions for Mum & Dad OR Primary caregiver:

Q1) What values do you want your child to learn at ChoiceKids?

Q2) What are the 3 things about life you enjoy most?

Q3) How often would you be prepared to attend a parent night?

☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Yearly ☐ Never

Q4) What church and sports clubs are you involved with?

Q5) Would you attend and get involved in our Community days?

ChoiceKids & FAMILY

How did you hear about ChoiceKids? (Complete one)

Referral (By Who?) _____
 Advertising (Where?) _____
 Walk in (Why?) _____
 Presentation (By who/ Where?) _____

Has your child attended Childcare at another centre Y/N

If so which centre & why are you leaving? _____

How many hours was your child attending at their last centre? _____

What ethnicity are you? _____

What is the main reason for your decision to enrol your child at ChoiceKids?

Teacher settling child to insert what ChoiceKids did to acknowledge the parents interests (EG Parent likes movies we give movie tickets) and what they wanted their child to learn (EG Parent wants write name we introduce to transition teacher and post work) at ChoiceKids. (To be completed in week one)

Teacher Signature: _____ Date: _____

Operations Signature: _____ Date: _____

(Filed in child's file and used as self review for ERO etc)