



Enrolment Agreement Form

LITTLE BUDDIES LEARNING CENTRE

◆ 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):

Copy of official identity verification document* collected by staff: Staff Sign_____

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:

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: eli.education.govt.nz

* Information about acceptable identity verification documents is available online at 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.



Parents / Guardians:	
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 person/s who can pick up your 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):

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



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:	Name:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Child's doctor:

Name:	Phone:
Name of medical centre:	

Health

Illness/allergies:

Is your child up-to-date with immunisations? *Tick One* Yes No

(Please provide verification of all immunisations)

For staff: Immunisation records sighted, and details recorded: *Tick One* Yes No

Staff Sign _____

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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:	
<ul style="list-style-type: none">▪ Natural Kiss Arnica cream▪ Anthisan Antihistamine Cream	<ul style="list-style-type: none">▪ Savlon Antiseptic cream▪ Smart 365 SPF 50+ sunblock
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: Staff Sign: _____ <i>Tick One:</i>	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: ____ / ____ / ____

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◆ Enrolment Details:

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.

Date of Enrolment: ___/___/___ Date of Entry: ___/___/___ Date of Exit: ___/___/___

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?

Tick One Yes No

2. Is your child receiving 20 Hours ECE at any other services?
One

Tick 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 Little Buddies Learning Centre.

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



◆ Optional Charges: Little Buddies Learning Centre does not charge optional charges

◆ Statutory Holidays / Term Breaks

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

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

Required Information for Licensing Purposes

- **Excursions:** Parental consent is necessary for excursions requiring transport. A notice will be sent home detailing the trip along with consent from that must be signed and returned. The child teacher ratio will be determined by the degree of risk of the trip. Standard ratios are: 1:2 under two's and 1:4 for over twos.
- **Local Spontaneous Excursions:** My child has permission for spontaneous 'Local' Supervised excursions. I have reviewed the risk assessment and agree with the ratio of 1:2 for under two's and 1:4 for over twos.
**Little Buddies Learning Centre will add new local spontaneous excursions from time to time as determined by the curriculum and interests of the children. A risk assessment for these excursions will be sent to the parents for permission and approval of the ratio, then added to the child's enrolment records.*

- **Walks to the fruit and Vegetable shop next door to the centre** Yes / No

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

- **Advertising/Promotional Material:** I understand and permit my child's photos to be possibly used in Little Buddies Learning Centre promotional materials such as newsletters, advertisements in the local newspapers and the centre's website.

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

- **Photo/video:** As an on-going of our curriculum planning, we gather and record artwork and photographs of all children. I agree to have my child's photograph taken for:

- **Please circle and sign which public or centre based situations you prefer**

<u>Public</u>		<u>Centre Based</u>	
Website	Yes / No Sign _____	Board Displays	Yes / No Sign _____
Facebook	Yes / No Sign _____	Work Related Purposes such as learning stories	Yes / No Sign _____
Newsletters	Yes / No Sign _____	Group learning Stories	Yes / No Sign _____

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



Medical Emergency: I Understand that if my child became unwell at the centre I will be notified and will be required to collect him/her. If my child requires immediate medical attention an ambulance will be called. A Qualified registered staff member will remain with my child until I can get there. I authorise a senior member of the centre staff to seek medical or other advice as deemed necessary for the best interest of my child in the event of illness or injury.

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

- **Policy Statement:** Little Buddies Learning Centre has specific policies and procedures for the care and education of your child. We strongly recommend that you read them. Signing this application indicates your acceptance to abide by these policies and procedures and also understand how you can be part of the policy review process.

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

- **Fee Structure and Enrolment:** Little Buddies has a very clear fee structure and we collect a \$30.00 enrolment fee upon your child's enrolment. Please sign to agree to our fees structure and our \$30.00 enrolment fee.

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

Other information

- **Privacy Statement:** All personal information about your child is secure and remains confidential.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please fill in your child's "Who am I form" in the enrolment pack and return to the teachers. We use these as a starting point to gather your child's aspirations as well as your aspirations for your child.

- **Holidays:** I understand that fees are still payable if my child is enrolled but absent.

Birth Certificate: I have supplied a certified copy of my child's birth certificate or passport.

- **Special considerations for meals:** We ensure that meals served to the children at the centre are healthy and nutritious. Our meals at Little Buddies Richardson Road are Halal approved and vegetarian options are available. Please detail below if there are any special considerations due to religious or cultural beliefs.

Parent Guardian Signature: _____ **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 Little Buddies Learning Centre, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____ / ____ / ____

Terms of Trade & Fee Agreement

Centre Hours

Our centre is open every weekday of the year, with the exception of public holidays. Full fees are payable every week, regardless of your child being absent due to sickness or holiday, including public holidays. After 3 months of continuous enrolment, each child can have a maximum of 3 weeks' holiday or sick days annually (pro rata) at 50% fees. If you are intending to take holiday, two weeks' notice in writing must be given.

20 Hours ECE Subsidy

All Little Buddies Learning Centres participate in the 20 hours ECE scheme – if your child is 3, 4 or 5 they can receive subsidized care for the week. For more information contact the centre directly.

Work and income childcare subsidy (WINZ)

Depending on your total family income you may be eligible for fee assistance through WINZ childcare subsidy. This subsidy is only PART payment for fees, and parents must meet the balance. Subsidy forms are available from the nearest WINZ office. They need to be bought to the centre to be signed and then handed back to WINZ. Please note WINZ don't back date application fees so full fees will be charged until we receive the WINZ subsidy.

Booked hours

We require a minimum booking of two days a week for each child. We require this as we believe this helps your child settle into a routine with us.

Fee

Your weekly fee will be determined by the age of your child and whether you are eligible for any subsidies or funding. Refer to the Fee Schedule in the enrolment pack. We welcome you to discuss this with the Centre Manager. Fees are reviewed annually.

Signing in and out

We require you to sign your child in and out every day. This is so we can keep an accurate record of when your child is here which is a requirement by the Ministry of Education. This also helps us in Emergency situations.

Amending Booking

We will do our best to cater for any changes of bookings you may need. Please give us two weeks' notice in writing before altering your booked hours or leaving the centre. We have forms you can fill out at the front desk or ask our office manager. If notice is not given standard fees will be charged.

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



Withdrawal of your child

In the event that you choose to withdraw your child from our service, we require two weeks written notice. If notice is not given, two weeks fees will be charged.

Late Pick up

If you are late picking up your child, we may need to pay additional staff to stay late. Consequently, if your child attends outside their booked hours, or if you are late to collect them, additional fees will be charged in accordance with our fee schedule.

Fee Payment Policy

You will be invoiced weekly; this will be sent straight to your email on a Monday morning. Fees are to be paid at least one week in advance, preferable by automatic payment. If your account is in arrears, you may be charged a late payment fee as outlined in our fee schedule. If you are having difficulty making payments, we will endeavour to work with you to find an agreed method of payment. Little Buddies reserves the right to suspend your child’s enrolment until payments are up to date, and you will be held liable for any collection costs and interest on outstanding fees.

Questions

Our children and families are at the heart of everything we do. If you have any questions or queries, or want to discuss a particular matter, please let us know. Our door is always open.

Payment should be made by direct credit to:

Account name: Little Buddies Learning Centre
Account Number: 12-3025-0446440-00
Reference: Childs name and reference number supplied by centre, you will find this on your first invoice.

Other costs included in this agreement

Enrolment fee: \$30.00 non-refundable
Family discount: 10% discount for the oldest sibling/s (when 2 or more siblings are at the centre at the Same time.
Late/Early fee: \$25.00 every 10 minutes
Overdue fees: 10% of outstanding invoice

Parent Fee Agreement	
The weekly fee for (Child’s Name): _____ is \$ _____	
I agree to pay the weekly fee specified in this enrolment agreement above and to meet the terms of trade at all times.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____
Centre Manager Signature: _____	Date: ____ / ____ / ____

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



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: ____ / ____ / ____						

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: ____ / ____ / ____						

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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