

Gail's Childcare Ltd Enrolment Form

Child/Taitamati

First name/Ingoa:

Surname/Ingoa whānau:

Name Child/Taitamati is known by:

Child's/Taitamati date of birth:

Male/Tane Female/Kotiro

Legal Guardian/kaitiaki:

Ethnic Origin:

Which Iwi does your Child/Taitamati identify with?

Child's/Taitamati home address/kainga noho:

Parent/Guardian 1 Matua/Kaitiaki tahi

Name/Ingoa:

Surname/Ingoa whānau:

Address/Kainga noho:

Post Code:

Phone/nama waea:

Phone/nama waea:

Phone/nama waea:

Email/ īmēra:

Parent/Guardian 2 Matua/Kaitiaki rua

Name/Ingoa:

Surname/Ingoa whānau:

Address/Kainga noho:

Post Code:

Phone/nama waea:

Phone/nama waea:

Phone/nama waea:

Parent/Guardian 3 Matua/Kaitiaki Toru

Name/Ingoa:

Name/Ingoa whānau:

Address/Kainga noho:

Post Code:

Phone/nama waea:

Phone/nama waea:

Phone/nama waea:

Email/ īmēra:

Emergency Contacts/Ohorere Whakapa

Name/Ingoa:

Relationship to Child/Whanaungatanga

Taitamati:

Phone/nama waea:

Phone/nama waea:

Phone/nama waea:

Name/Ingoa:

Relationship to Child/Whanaungatanga

Taitamati:

Phone/nama waea:

Phone/nama waea:

Phone/nama waea:

Custodial Statement

Are there any custodial arrangements concerning your child? Yes No

If yes please provide a copy of any court order.

Authorised Persons

Please provide a list of names in the following fields of those that you authorise to collect your child.

Name:

Phone number:

Name:

Phone number:

Name:

Phone number:

Name:

Phone number:

Unauthorised Persons

Please provide a list of names in the following fields of those that are not authorise to collect your child.

Name:

Name:

Name:

Name:

Doctor/Rata

Name/Ingoa:

Address/Kainga noho:

Phone/nama waea:

Health/Waiora

Does your Child/Taitamati suffer from any medical conditions or allergies?

Yes No

If yes please provide details



Is there any other medical information we should know about?

Immunisations

It is a requirement that we maintain an immunisation register. Please provide verification of all immunisations.

Has your Child/Taitamati been Vaccinated?

Yes No

If yes please supply a copy of the immunisation certificate.

Accounts:

I undertake to pay my account

Weekly Fortnightly

Invoices will be emailed out regarding your child's account, please tick the following box if you would like your invoice printed.

I understand that in accordance with the Privacy Act, all information is kept confidential.

I have read and understand the information supplied regarding the Centre, hours, fees, retainers, and unpaid accounts. I also agree to supply written confirmation of my child's finishing date.

Name:

Date:

Signature:

Enrolment Details

Please Note: 20 Hours ECE is **only available for children three** years or older 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.

I wish my child to be booked in for the following days and hours

Date of enrolment:

Start Date:

Finish Date:

Requested	Hours requested each day
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Total # of hours	

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

	20 Hours ECE at this service	20 Hours ECE at another service
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total # of Hours		

Parent/Guardian Matua/Kaitiaki

Signature:

Date:

20 Hours ECE Attestation

Is your Child/Taitamati receiving 20 Hours ECE at this service?

Yes No

Is your Child/Taitamati receiving 20 Hours ECE at another service?

Yes No

If yes to either or both of the above, please sign below to confirm that:

Your Child/Taitamati 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/Taitamati 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 Matua/Kaitiaki

Signature:

Date:

Optional Charges

The optional charges may include:

Excursions-Cost advised prior to event

Sunblock-\$2.50 Term 1 & Term 2

Nappies- Medium .38¢

Printing- .80¢ per page

These are our prices as of 13/09/13 and are subject to change

I understand that if i agree to pay for the optional charge, Gail's Childcare may enforce payment. .

The agreement to pay the optional charge will last for the time that your child is enrolled in the centre, or at any other such time that you wish to make changes to this enrolment document.

The rules about making changes to the agreement are that you Parent/Guardian Matua/Kaitiaki must give the centre notice of your intention to make changes.

I understand that the optional charge is not compulsory, and I am not obligated to pay it but my child's/taitamati experiences may be limited.

I agree/ do not agree to pay the optional charge for the activities/items specified in this enrolment form.

Parent/Guardian Matua/Kaitiaki

Signature:

Date:

Statutory Holidays/Term Breaks

This enrolment agreement is inclusive of the school term breaks. Gail's Childcare is closed on all Statutory Holidays, and

for a period over the Christmas Season, please advise us of any changes to your child's/tamariki hours during these periods.

Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood education service at the same time that he/she is enrolled at Gail's Childcare Centre.

Parent/Guardian Matua/Kaitiaki

Signature:

Date:

Additional Information

Excursions: I give/do not give permission for my child to take part in regular excursions under the conditions stated in the excursion policy.

The Centre adheres to the Early Childhood regulations regarding adult to child ratios.

1:5 over 2's travelling in the Centre van (must be 2 adults).

1:5 over 2's for walks

1:3 over 2's for excursions in other motor vehicles (eg: bus taxi).

1:1 around water outside of the Centre.

2:5 under 2's travelling in the Centre Van (must be 2 adults).

1:2 under 2's for walks

1:2 under 2's for excursions in other motor vehicles (eg: bus, taxi).

1:1 around water outside of the Centre.

Car Excursions: I give/ do not give permission for my child to take part in trips in the Centre Van.

Photo/Video: I give/do not give permission for my child to be photographed for the purposes of assessment, and planning.

Children's Profiles: Our centre uses an online profile system, which can be accessed by internet, android, and iphones. A centre computer located in parent/whānau area is available to view profiles during opening hours.

Policies: Gail's Childcare service 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.

Parent Information Booklet: Please ensure that you have read the information in the parent handbook.

Privacy Statement: All personal information on your child will be kept securely and remain confidential.

Parent/Mutua Declaration

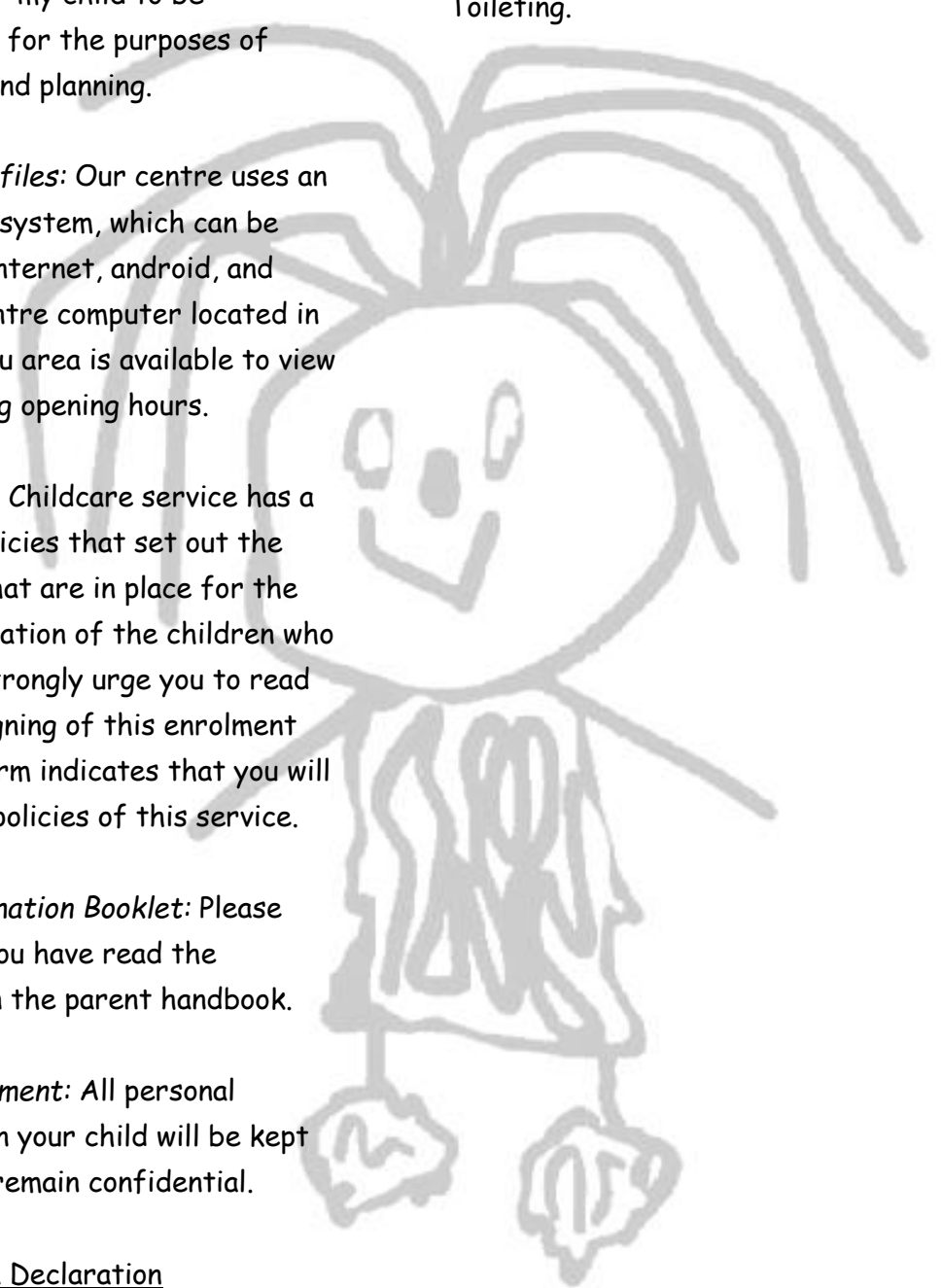
I declare that all the above information is true and correct to the best of my knowledge.

Signed:

Date:

Routines:

Please describe your child's routines in relation to Sleeping, Eating, and Toileting.



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

Service Declaration:

On behalf of Gail's Childcare, I declare that this form has been checked and all relevant sections have been completed and forms provided for our own records.

- A copy of the child's Identification
- A copy of the child's immunisation certificate.

Name:

Signed:

Date:

Privacy Statement: We are collecting personal information on this enrolment form for the purpose 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 will have the right to access and request correction of any personal information we hold on your child. Details about your child's identity will be shared with the Ministry of Education so that they 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 out more about national numbers at; www.mindu.govt.nz/parents.



