



ENROLMENT FORM

Child's surname _____ First name _____

Name child is known by _____ Male Female

Child's ethnicity (required by Ministry of Education) _____

If Maori, which Iwi do you identify with _____

(Requested by Ministry of Education)

Language spoken by child _____ Date of birth _____

Child's address _____

Copy of official identification document collected by staff:

- New Zealand Birth Certificate
- Foreign birth certificate
- New Zealand Passport
- Foreign passport
- Other

Staff Initials: _____

Privacy statement:

We're only collecting personal information on this enrolment from 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 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 number at: www.minedu.govt.nz/parnets

Parent 1. Name _____ Relationship _____

Date of Birth _____ ID* _____

Address _____

Phone work _____ Home _____

Mobile _____ Email _____

Parent 2 Name _____ Relationship _____

Date of Birth _____ ID * _____

Address _____

Phone work _____ Home _____

Mobile _____ Email _____

Emergency contacts. Must be able to collect child in the case of illness / emergency.

1. Name _____ Relationship _____

Phone number _____ (home) _____ (work) _____ (mobile)

2. Name _____ Relationship _____

Phone number _____ (home) _____ (work) _____ (mobile)

N.B. Only the people identified on this enrolment will form will be permitted to collect your child from the centre.

Please add the names of any additional people who are permitted to collect your child:

Is there any person who is prohibited access to your child Yes / No

Name _____ Custody order on file Yes / No

Family Doctor _____ Phone number _____

Has your child any health problems or allergies Yes / No If yes please provide details

Children at feathers may have varieties of allergies. In order to protect our children, please make sure you DO NOT BRING FOOD to the centre especially NUT, EGG contained product.

Yes I agree _____ Signature _____

*Photocopy of ID is requested

Is there any other information we should know about your child? _____

Immunizations - It is a requirement that we maintain an immunisation register.

Is your child immunised yes / No Certificate sighted yes / No

If no, please briefly state reason _____

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

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

START DATE _____ **END DATE:** _____

PARENT SIGNATURE _____ **DATE** _____

Please indicate below whether you give permission for your child to:

- Attend small local walks with an adult to child ratio of no more than 1 adult to 4 children Yes /No
- Have the Public Health Nurse visit when she calls Yes /No
- Be taken to the Medical Centre in the case of an emergency Yes/No
- Be photographed by our early childhood staff, students or other parents for centre display, children’s individual portfolio. Photo displayed in public: website and centre face book.** Yes/No
- Agree for staff to apply homeopathic medication eg. arnica to my child if necessary Yes/No

In signing this enrolment form I hereby:

- Agree to pay the fees on the basis of the current “Fees Schedule” as attached and agree to pay my child’s fees on the week for the week. I understand that my child’s place may be forfeited if the fees are not kept up to date.
- Agree to abide by the Centre policies and rules as outlined in the “Parents Handbook” of which I have been given a copy.

I hereby advice that I have applied for a Department of Work and Income Childcare Subsidy

Yes/No Hours applied for _____

I hereby confirm that my child is not enrolled at another early childhood centre for the same hours and days as they attend Feathers Early Learning Centre.

I hereby understand that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to another child.

I understand that I must hand all medication to staff on admission and sign the medication book.

20 Hours ECE Details:

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Yes No

Is your child receiving 20 Hours ECE at any other services? Yes No

If yes, please sign to confirm 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 enquires it deems necessary regarding the information provided in the 20 Hours ECE Details Box to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE. You also consent to the early childhood 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.

I Hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Feathers Early Learning Centre

Parent/Guardian Signature:: _____

I have agreed to pay the following fees as specified:

Note: Your service must not require you to pay fees for the 20 Hours ECE hours your child is receiving.

Parents Declaration:

I verify that the information that I have given above is true and correct.

Name _____

Signature _____ Date _____

The Management of Feathers Early Learning Centre. Undertakes to collect, use and store the information you provide on this form according to the principles of the Privacy Act 1993. The information will be used to prepare rolls and records required by the Ministry of Education, Department of Work and Income for administrative purposes. Confidentiality will be maintained.

Important Information for new families:

What are your values, aspirations and learning expectations for your children?

How did you hear about our centre?

Yellow Pages Drive Through Other _____

Referral from another parent / Family have referred you

Office only - Parent has been given the following information on enrolment

Enrolment Pack Copy of Caregiver's Photo ID Birth Certificate

Booking fee paid Staff have sighted and copied Immunization Booklet

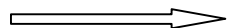
First weeks fee paid one week in advance

Service Declaration

On behalf of Feathers Early Learning Centre, I declare that this form has been checked and all relevant section have been completed.

Service Provider Signature: _____

Date: _____



Feathers Early Learning Centre
Enrolment Application: Terms, Conditions, and Required Declarations

- In signing this enrolment form I agree to the CHARTER and to abide by the rules of the Centre as set down from time to time by management, and the expectations set out in the Parent Information Booklet.
- I accept that management reserves the right to revoke enrolment.

- In signing this enrolment form I agree to pay the fees on the basis of the fee schedule that is current at the time and I will pay, in accordance with the Fee Policy of the Centre.
- I acknowledge and agree to pay the appropriate fee for an enrolled day even if unable to attend.
- I accept the "late pickup fee" after Centre closing time.
- I agree to give two week's notice before withdrawal of my child from the Centre
- I understand a charge will be made for absence and statutory holidays

- I agree that when dropping my child off at the Centre I will park in the area designated as suitable by the Centre management and escort my child into the Centre building and advise a staff member of my arrival before leaving my child in the Centre's custody.
- I will advise a staff member before taking my child from the Centre.
- I understand and accept that it is a condition of enrolment that children driven to and from the Centre must travel in a child's car seat or restraint in accordance with Traffic Regulations.

- The information requested in this Enrolment Application Form is needed by the Centre to comply with statutory requirements of to enable Centre staff to contact you or to ensure the appropriate care and education of your child. We are obliged by regulations to keep these records for at least seven years.

- I understand and accept that irrespective of any arrangement with any third party (eg other adult, work and Income New Zealand, Accident Insurance, Trusts or Budget Services, etc) to pay the fees. The full responsibility to pay remains with me.
- I understand and accept that if any fee or charge remains unpaid beyond the time specified in the Fee Policy, my child's enrolment may be forfeited, the debt passed to a Debt Collection Agency, and that I will be responsible for any costs, agency commission and fees incurred in this process.
- The client authorizes Feathers Early Learning Centre to collect, retain and use any information about the client collected directly from the client or any other sources, for the purpose of assessing the client credit worthiness, advising a default, or enforcing any rights under this contract. The Client authorizes Feathers Early Learning Centre to disclose any information obtained to any persons including a credit reporting agency for the same purposes. Where the client is a natural person the authorities above are consents for the purpose of the Privacy Act 1993.

- I understand that these terms and conditions in this form are not exhaustive and that others are contained in published Centre Policy documents, Rules, Charter, Notices, Parent Handbooks, etc.
- I accept that the Centre reserves the right to add, amend, clarify or delete terms, conditions or policies by issuing Newsletters, Notices, or posting notification on one of the Centre Notice boards.
- I have read the centre policy on sleep and agree with this policy for my child.

I have read the terms and conditions and the required declarations printed above. Please sign and date the Application Form and return it to the Centre Manager.

I have read the terms and conditions, and declarations, and accept them.

Signature _____ Date: _____