



Sunshine Childcare



Enrolment Agreement Form

80 Sunshine Ave
106 Vickery Street

info@sunshinechildcare.co.nz
vickery@sunshinechildcare.co.nz

(07) 849 2020
(07) 849 2022

Office Use Only:

Date of Enrolment: ___/___/___ Start Date: ___/___/___ Leave Date: ___/___/___ NSN: _____

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):

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:

First Names:	First Names:
Surname:	Surname:
Occupation:	Occupation:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

Email Address:

Would you like invoices/newsletters/correspondence to be emailed to this above address?

Tick One Yes No

Additional Emergency Contacts and person/s who can pick up your child:

First Names:	First Names:
Surname:	Surname:
Relationship:	Relationship:
Phone:	Phone:
Mobile:	Mobile:

First Names:	First Names:
Surname:	Surname:
Relationship:	Relationship:
Phone:	Phone:
Mobile:	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:

Name:	Name:
Name:	Name:

Enrolment Details:

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

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.

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

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

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:

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

Total cost per week:**I agree to pay the above amount in advance: (please circle one)**

Weekly Fortnightly Monthly

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?

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 Sunshine Childcare.

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

Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks.

- Our service is NOT open Statutory Holidays. Full fees are applicable for any Statutory Holiday that falls on a day when your child would normally attend as the Centre still retains full running costs.

Health:

Illness/allergies:

Special needs:

Is your child up-to-date with immunisations?

*Tick
One*

Yes

No

(Please provide verifications of all immunisations or inform us if your child is not immunised)

Immunisations record sighted and details recorded:

*Tick
One*

Yes

No

Doctor:

Name:

Practice:

Phone:

Address:

How did you hear about Sunshine Childcare?**Reason for choosing the Centre?**

Terms and Conditions (please read and sign)	Sign:
<ul style="list-style-type: none"> ▪ Outside Trips: I give permission for my child to leave the centre in the company of a qualified staff member for excursions to the park or short walks around the community etc. 	
<ul style="list-style-type: none"> ▪ Illness: I agree that I will not bring my child to the Centre in the event of sickness or infectious illness. I will notify the centre if my child is not attending and inform the nature of the illness. I have read and agree to the illness policy. 	
<ul style="list-style-type: none"> ▪ Photo/video: I give permission for my child to be photographed for the purposes of assessment, planning, evaluation, documentation in the classroom, in portfolios, and for centre newsletters. ▪ I give permission for my child to be photographed for advertising and promotional materials for the Centre ▪ I give permission for my child to appear in photos/video on Social Media 	
<ul style="list-style-type: none"> ▪ ECE Students: I understand observations will be completed by ECE students in the course of their training. These observations will not include the child's name. 	
<ul style="list-style-type: none"> ▪ Child access: I will notify the centre if anyone other than those listed on this enrolment form is to pick up my child, and I understand that my child will not be released until permission has been given. 	
<ul style="list-style-type: none"> ▪ Withdrawing your child: I agree to give two full weeks' notice before withdrawing my child from the centre. Balance owing must be paid to Sunshine Childcare Centre no later than your child's last day. Any outstanding fees will be passed onto Debt Recovery and collection fees will be added to your account. 	

<ul style="list-style-type: none"> ▪ Fees: I understand that the fees will be paid, for my child if my child misses some time at the centre, due to illness and/or for public holidays. When we take our child on holiday I agree to give two weeks written notice, and then pay half price fees while on holiday to hold my child's space open. I am aware that the half price fees option is only available for a maximum period of three weeks (pro rata) annually, and only after my child has been enrolled for 3 months, over and above will incur full fee rates. I agree to pay all childcare fees set out by Sunshine Childcare. I agree to pay any Collection Fees incurred by my non-payment of fees. ▪ I also agree to pay my fees in advance weekly, fortnightly or monthly direct into Sunshine Childcare Centre account. 	
<ul style="list-style-type: none"> ▪ Signing in: I agree that I will sign the daily attendance sheet on my child' arrival. I will advise a staff member before taking my child from Sunshine Childcare and I will sign the attendance sheet again. 	
<ul style="list-style-type: none"> ▪ Transport: Children driven to and from Sunshine Childcare must travel in a car seat or restraint in accordance with Traffic Regulations. 	
<ul style="list-style-type: none"> ▪ Sunblock: I give permission for staff to apply sunblock when needed. 	
<ul style="list-style-type: none"> ▪ Arnica Cream: I give permission for my child to have Arnica Cream applied on bumps and bruises. 	
<ul style="list-style-type: none"> ▪ Policy: Sunshine Childcare 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. 	
<ul style="list-style-type: none"> ▪ Privacy: All personal information on your child will be kept securely and remain confidential. 	
<ul style="list-style-type: none"> ▪ Doctor/Ambulance: I agree that in the case of accident or injury, the Centre will attempt to contact me and where I cannot be contacted, and it is deemed to be in the best interest of the child, medical care and/or ambulance services may be sought and given to the child, and I agree to meet any cost incurred. 	
<ul style="list-style-type: none"> ▪ Headlice: I give permission for the teachers to check my child's hair if they suspect my child has headlice. 	

Privacy Statement
All personal information on your child will be kept securely and remain confidential. Any changes to this form must be signed and dated by the parent/guardian.

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 Sunshine Childcare, I declare that this form has been checked and all relevant sections have been completed.
Service Provider Signature: _____ Date: ____ / ____ / ____

Terms and Conditions PARENTS COPY TO KEEP

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My weekly amount due is:

I agree to pay in advance: (circle one) Weekly Fortnightly Monthly

Bank Details: Westpac
Account Name: K.J and P.E Radich Ltd
Account Number: 03 02070 622907 00

Please use your child's name as a reference