

Otago Childcare Centre

22 Ross Street, DUNEDIN 9010

office@otagochildcare.co.nz

Telephone: (03) 477 7684

Mobile: 021 421 7684



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:

How did you find out about us? _____

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

Emergency Contacts:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Phone (Home):	Phone (Home):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
Given names:	Given names:
Surname / family name:	Surname / family name:
Phone (Home):	Phone (Home):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

Custodial Statement	
Are there any custodial arrangements concerning your child?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
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:
Name:	Name:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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.	
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:	
▪ Arnica <input type="checkbox"/>	▪
▪ Antiseptic Liquid <input type="checkbox"/>	▪
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:	<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: ____ / ____ / ____

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 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?

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 Otago Childcare Centre.

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

Optional Charges: only for those children receiving 20 hours as an over 3 year-old

1. An optional charge for food as follows: **If you choose “No” please see no.5** (please circle if applicable)
- | | | |
|---|-----|----|
| ▪ \$1.00 for snacks for part time children who are not booked during lunch time. | Yes | No |
| ▪ \$6.00 per day for full time children or for children who are booked during lunch time. | Yes | No |
2. I understand that if I agree to pay for the optional charge, Otago Childcare Centre may enforce payment.
3. The agreement to pay the optional charge will last until a child turns five or leaves the Centre.
4. You may change your mind if you decide not to pay the optional charge by:
- Giving two weeks written notification.
5. I understand that the optional charge is for food only and I will provide my child with their own daily food if I choose not to pay this charge.
6. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.
7. I **agree/do not agree** (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

Statutory Holidays / Term Breaks

Otago Childcare Centre is open throughout the year including the school term however the Centre is not open on the following public holidays if they fall on a weekday.

Christmas Day	Waitangi Day	ANZAC Day
Boxing Day	Otago Anniversary Day	Queen's Birthday
New Year's Day	Good Friday	Labour Day
Day after New Year's Day	Easter Monday	

Parent / Whanau Permission Understanding

I give permission for my child to:

- | | | |
|---|-----|----|
| • Be taken to an alternative emergency location | Yes | No |
| • Be photographed and his/her name be used for the following purposes | Yes | No |
| * Publicity for the Centre | Yes | No |
| * Otago Childcare Centre Facebook public page | Yes | No |
| * Centre programme (for display at the Centre) | Yes | No |
| * Group of individual records | Yes | No |
| • Teachers to regularly observe my child / children | Yes | No |
| • Go on Centre outings within child/teacher ratios. | Yes | No |

I understand / acknowledge:

- | | | |
|---|-----|----|
| • That teachers will be responsible for my child only during licensed hours | Yes | No |
| • For any outing, teachers will request written permission for motor transport excursions and comply with Regulations 29a of the Traffic Regulations 1976 | Yes | No |
| • I am aware and have read the Centre Information Brochure and fully understand the details provided. | Yes | No |
| • It is my / our responsibility to keep the Centre informed of any pertinent changes to this information | Yes | No |

Centre Fees for One Child:	
Hourly rate:	\$7.00
Fulltime (40 hours or more)	\$280.00
Fees are based on above booked times (I am aware that this may change if booking times are altered).	

Other information
<ul style="list-style-type: none"> ▪ Policy Statement: Otago Childcare Centre 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. A policy folder containing these policies is located beside the sign in charts in the hallway.
<ul style="list-style-type: none"> ▪ Parent Information Book: Please ensure you have read the information in the parent handbook as it covers such things as fee details and ways in which we can help you and your child to settle into the service.
<ul style="list-style-type: none"> ▪ Child's strengths, interests and preferences: Please tell us about your child's strengths, interests and preferences by discussing these with your child's teachers.

Default and Consequences of Default

- Interest on overdue invoices shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of two and a half percent (2.5%) per calendar month (and at the Centre's sole discretion such interest shall compound monthly at such a rate) after as well as before any judgment.
- If the Parent owes the Centre any money the Parent shall indemnify the Centre from and against all costs and disbursements incurred by the Centre in recovering the debt (including but not limited to internal administration fees, legal costs on a solicitor and own client basis, the Centre's collection agency costs, and bank dishonour fees).
- Without prejudice to any other remedies the Centre may have, if at any time the Parent is in breach of any obligation (including those relating to payment) under these terms and conditions the Centre may suspend or terminate the supply of Goods to the Parent. The Centre will not be liable to the Parent for any loss or damage the Parent suffers because the Centre has exercised its rights under this clause.
- Without prejudice to the Centre's other remedies at law the Centre shall be entitled to cancel all or any part of any order of the Parent which remains unfulfilled and all amounts owing to the Centre shall, whether or not due for payment, become immediately payable if:
 - (a) any money payable to the Centre becomes overdue, or in the Centre's opinion the Parent will be unable to make a payment when it falls due;
 - (b) the Parent becomes insolvent, convenes a meeting with its creditors or proposes or enters into an arrangement with creditors, or makes an assignment for the benefit of its creditors; or
 - (c) a receiver, manager, liquidator (provisional or otherwise) or similar person is appointed in respect of the Parent or any asset of the Parent.

Privacy Act 1993

- The Parent authorises the Centre or the Centre's agent to:
 - (a) access, collect, retain and use any information about the Parent;
 - (i) (including any overdue fines balance information held by the Ministry of Justice) for the purpose of assessing the Parent's creditworthiness; or
 - (ii) for the purpose of marketing products and services to the Parent.
 - (b) disclose information about the Parent, whether collected by the Centre from the Parent directly or obtained by the Centre from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by the Parent.
- Where the Parent is an individual the authorities under the above clause are authorities or consents for the purposes of the Privacy Act 1993.
- The Parent shall have the right to request the Centre for a copy of the information about the Parent retained by the Centre and the right to request the Centre to correct any incorrect information about the Parent held by the Centre.

Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge. I have read and understand the TERMS AND CONDITIONS OF TRADE (above, overleaf or attached) of Otago Childcare Centre which form part of, and are intended to be read in conjunction with this Enrolment Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

SIGNED (PARENT):

SIGNED (WITNESS TO PARENT'S SIGNATURE):

 Name: _____ Name: _____ Date: _____

Relationship to child: _____

Address (if different from front page): _____

ID: _____ Date of Birth: _____

Service Declaration

On behalf of The Otago Child Care Centre Inc t/a Otago Childcare Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider 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: ____/____/____						

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: ____/____/____						