

YMCA Community Early Years Learning Centre Enrolment Agreement Form

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

Parents / Guardians: Please fill out the entire form	
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 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):
Relationship to child:	Relationship to child:

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:

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

Emergency Contacts (also able to pick up child, two must be local):	
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:

Child's doctor:	
Name:	Phone:
Name and address 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)	NHI Number _____
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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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, and will be used as 'in-house first aid' treatment of minor injuries. It is provided by the service and is 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?	Tick One 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 cream (Nature's Kiss) Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Antihistamine (Bepanthen) Yes <input type="checkbox"/> No <input type="checkbox"/>
▪ Antiseptic liquid (Savlon) Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Icepack/vinegar/baking soda Yes <input type="checkbox"/> No <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 cough syrup etc) medicine that is used for a specific period of time to treat a specific one-off condition or symptom. It is 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. The category (ii) medicine will be administered and documented in the medicines book, 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	
Category (iii) medicines are given to a child regularly, i.e. ongoing and regular administration. The 'Ongoing Medication Administration Consent Form' is 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 epilepsy or diabetes etc, and is for the use of that child only.	
For staff: Individual health plan sighted and a copy taken:	Tick One: 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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Optional Charges:

1. The optional charge is for: (give details of specific activities or items, and their costs)

▪

▪

2. I understand that if I agree to pay for the optional charge, YMCA Central may enforce payment.

3. The agreement to pay the optional charge will last for one year from start date

4. The rules about making changes to the agreement are:

▪

▪

5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. 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: ____/____/____

Fee Structure:

Rate - \$6.50 per hour.

20 hours ECE for 3 and 4 years olds - No optional charges apply.

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October 2016



Statutory Holidays / Term Breaks

This enrolment agreement is **INCLUSIVE/EXCLUSIVE** (please circle one) of school term breaks.

A holding fee will apply for absences between school terms. Please discuss this with the Centre Manager.

YMCA Community Early Years Learning Centre is not open on the following public holidays if they fall on a weekday.

New Year's Day	<input checked="" type="checkbox"/>	Easter Monday	<input checked="" type="checkbox"/>	Christmas Day	<input checked="" type="checkbox"/>
Day after New Year's Day	<input checked="" type="checkbox"/>	ANZAC Day	<input checked="" type="checkbox"/>	Boxing Day	<input checked="" type="checkbox"/>
Waitangi Day	<input checked="" type="checkbox"/>	Queen's Birthday	<input checked="" type="checkbox"/>	Local Anniversary Day	<input checked="" type="checkbox"/>
Good Friday	<input checked="" type="checkbox"/>	Labour Day	<input checked="" type="checkbox"/>		

PERMISSIONS

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).

Main YMCA Campus – tennis court, main field, OSCAR visits, Boogie Buddies. YES / NO
 Have the Public Health Nurse when she calls YES / NO
 Be taken to the Medical Centre in case of emergency YES / NO

- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly here how the photos/videos can/can't be used)

Planning/assessment	YES / NO	Facebook	YES / NO
Teacher registration/study	YES / NO	YMCA Website	YES / NO
Newsletters	YES / NO	Marketing Material	YES / NO
Newspaper	YES / NO	Educa	YES / NO

Parent /Guardian Signature _____ Date ____/____/____

- **Amber bead necklaces/Taonga:** Amber necklaces are popular, but there have been incidents of children aspirating them. A necklace can pose two potential hazards: strangulation and choking.

Our policy is to remove all necklaces and amber beads before children go to sleep. We do respect families who have pounamu/taonga and these will be treated with care and placed in a named container while the child is sleeping.

Parent disclaimer:

My child's pounamu is to be removed by staff while my child is sleeping. I understand that in the unfortunate event of any injury or strangulation caused to my child by wearing her/his pounamu/necklace, the Centre will not be held accountable or liable.

Parent /Guardian Signature _____ Date ____/____/____

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October 2016

Other information

- **Policy Statement:** YMCA Community Early Years Learning 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.
- **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 tell us about your child's strengths, interests and preferences.

- **Other siblings at home and ages:**

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: Centre Manager to sign

On behalf of YMCA Community Early Years Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____

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October 2016



CHILD NAME: _____

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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20 Hours ECE at this service						
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Parent/Guardian Signature: _____			Date: ____ / ____ / ____			

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20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____			Date: ____ / ____ / ____			



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