

Christopher Robin Childcare

Enrolment 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:

Copy of official identity verification document* collected by staff:

| | |
|--|--|
| <input type="checkbox"/> New Zealand birth certificate | <input type="checkbox"/> Foreign birth certificate |
| <input type="checkbox"/> New Zealand passport | <input type="checkbox"/> Foreign passport |
| <input type="checkbox"/> Other _____ | Staff initials: _____ |

Child's date of birth: / / 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.



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| Parents / Guardians: | |
|------------------------|------------------------|
| 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: |

| 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): |

| 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 <u>cannot</u> pick up your child: | |
| Name: | Name: |
| Name: | Name: |



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Additional Emergency Contacts (also able to pick up child):

| | |
|-------------------------------|-------------------------------|
| 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: |
| 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: |

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"/> |



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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, used for the 'first aid' treatment of minor injuries and provided by the service and 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? <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: | |
| <ul style="list-style-type: none"> ▪ Anti-Flamme | <ul style="list-style-type: none"> ▪ Anthisan |
| <ul style="list-style-type: none"> ▪ Arnica | <ul style="list-style-type: none"> ▪ Burn Shield |
| <ul style="list-style-type: none"> ▪ Lucas' Papaw Ointment | <ul style="list-style-type: none"> ▪ Sudocrem |
| 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 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</i> Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| <i>One:</i> | |
| 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: ____ / ____ / ____ |



Christopher Robin Childcare Enrolment Form

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 for children aged 3-5 years. And there must be no compulsory fees when a child is receiving 20 Hours ECE funding. Christopher Robin Childcare charges a fee for the enrolled hours over and above the funded 6 hours per day

| | | | | | | |
|-----------------|--------|---------|-----------|----------|--------|--------------|
| 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 not enrolled at another early childhood institution at the same times that he/she is enrolled at Christopher Robin Childcare

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

Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Christopher Robin Childcare is not open on public holidays if they fall on a weekday.

Fees are to be paid in full for public holidays that fall on your child's enrolled days.



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Excursions:

Our centre will at times go for walks to follow a current interest, or visit places in our community.
Types of local excursions:

- **Library:** Ratio 1:3
- **Garden centre:** Ratio 1:3
- **Labyrinth:** Ratio 1:3
- **Post box:** Ratio 1:4
- **Park:** Ratio 1:4

Planned excursions, requiring us to go on a bus will have a ratio of 1:2 or 1:3. Parents will be advised of the ratio on the trip notice.

I give permission for my child to leave the centre in the company of a qualified staff member for excursions outside the centre. (parents will be notified of, and permission received for, all other planned trips)

Parent/Guardian Signature: _____

Date: ____ / ____ / ____



Christopher Robin Childcare Enrolment Form

Other information:

- **Policy Statement:** Christopher Robin 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.
- **Signing in:** I agree that I will sign the daily attendance sheet on my child's arrival. I will advise a staff member before taking my child from Christopher Robin Childcare and I will sign the attendance sheet again.
- **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 infectious illness policy.
- **Withdrawing your child:** I agree to give two full weeks' notice before withdrawing my child from the centre, or changing days. Balance owing must be paid to Christopher Robin Childcare 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.
- **Centre Information Document:** Please ensure you have read the document 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.
- **Photo/video:** I give permission for my child to be photographed for the purposes of assessment, planning, evaluation, documentation in the centre, in portfolios, and for centre newsletters.

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 Christopher Robin Childcare, I declare that this form has been checked and all relevant sections have been completed.

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



Christopher Robin Childcare Enrolment Form

| | | | | | | |
|--|--------|---------|-----------|----------|--------|-------|
| 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: ___ / ___ / ___ | | | | | | |

