



Buttercups

Pre School

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: _____

* 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.

Child's date of birth: d d / m m / y y y y

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Postcode:

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

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:

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:
Would you like to receive invoices and correspondence by email?	

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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:	
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:

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General Health and Well-being				
If your child requires a sleep or rest during the day, what time is preferable?				
Does your child have any dietary requirements at all, that we can cater for?				
Is there any further information that can be provided, in order to make your child feel more comfortable at Buttercups Preschool?				
Please list any illness or allergies that your child has:				
Is your child up-to-date with immunisations?	Tick One	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
(Please provide verification of all immunisations)				
For staff: Immunisation records sighted and details recorded:	Tick One	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Staff Sign _____				

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

Medicine	
Category (i) Medicines	
A category (i) medicine is a non-prescription preparation 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?	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:	
<ul style="list-style-type: none"> ▪ Arnica Cream 	<ul style="list-style-type: none"> ▪ Sunscreen (Cancer Society)
<ul style="list-style-type: none"> ▪ Betadine Antiseptic liquid 	<ul style="list-style-type: none"> ▪ SOOV bite gel
Parent/Guardian Signature: _____	Date: ____/____/____

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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: Staff Sign _____	<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: ____ / ____ / ____

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Buttercups Preschool Enrolment Details:						
<i>Date of Enrolment:</i> ____ / ____ / ____ <i>Date of Entry:</i> ____ / ____ / ____ <i>Date of Exit:</i> ____ / ____ / ____						
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?			
	<i>Tick One</i>	Yes	<input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> No <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?			
	<i>Tick One</i>	Yes	<input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> No <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:			
<div style="margin-left: 20px;"> <div>■ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</div> <div>■ Your 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.</div> <div>■ 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.</div> </div>			
Parent/Guardian Signature: _____ Date: ____ / ____ / ____			

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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 [insert name of service].

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Optional Charges:

There is an optional charge of \$12.00 per morning session and \$8.00 per afternoon session.

1. The optional charge covers:

- The provision of staff at Buttercups Preschool, in excess of the regulation adult/child ratios, as set by the Ministry of Education.
- The cost incurred as a result of having a higher proportion of ECE qualified and registered teachers than is funded by the Ministry of Education.
- All meals including morning tea, afternoon tea and a cooked meal at lunch time.

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

3. The agreement to pay the optional charge will last for the duration of the child's enrolment.

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

- On signing this agreement, parents/caregivers have 48 hours to change their mind and alter this acceptance.

5. I understand that the 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 items specified in this enrolment agreement form.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Statutory Holidays / Term Breaks

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

Buttercups Preschool will not open on public holidays.

Buttercups Preschool will close for a maximum of two weeks, during the Christmas holiday period. Notice of this will be given well in advance, on our website, www.buttercupspreschool.co.nz

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Further Information	
<ul style="list-style-type: none"> ■ Please tell us about your child's strengths, interests and preferences. We have included a form with the enrolment pack, for your child's profile book, so we can begin to get to know them as they settle in to our centre environment. ■ Staff at Buttercups Preschool will discuss further details with you on transitioning to school, when the time comes. We will work alongside families, so as to ensure both the child and caregivers/parents feel comfortable and well informed with the changes you are preparing for. 	
Terms and Conditions	
<ul style="list-style-type: none"> ■ <i>Buttercups Preschool 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.</i> <p>The signing of this enrolment agreement form indicates that I will abide by the policies of this service and that I understand how I can have input to policy review.</p>	
<ul style="list-style-type: none"> ■ <i>Please ensure you have read the information in the parent handbook as it covers certain details and ways in which we can help you and your child settle into the service.</i> <p>The signing of this enrolment form indicates that I have read and understood the parent handbook.</p>	
<ul style="list-style-type: none"> ■ I give permission for my child to be photographed and/or videoed by Buttercups staff, for the purposes of assessment, planning and evaluation. These photos and/or videos may be used on our website. 	
<ul style="list-style-type: none"> ■ If my child is unwell or has had an occurrence of vomiting or diarrhoea, within the past forty-eight hours, I will not bring my child to Buttercups Preschool. 	
<ul style="list-style-type: none"> ■ I will give Buttercups Preschool at least three weeks' notice, if changing or cancelling a booking. I understand fees are payable one week in advance and all fees must be paid prior to leaving the centre. Any outstanding fees will be passed on to a debt collection agency, at my cost. 	
<ul style="list-style-type: none"> ■ I give permission for my child to join Buttercups staff on short walks or excursions within the community, under the conditions of the excursion policy. 	
<ul style="list-style-type: none"> ■ In the event of an accident, I give permission for Buttercups staff to administer basic first aid when required. On the rare occasion and if necessary, I give permission for Buttercups staff to call an ambulance and take my child to a medical professional. 	
<ul style="list-style-type: none"> ■ I will let the Centre Manager know if anyone additional to those listed on my enrolment form are to pick up my child from Buttercups at any time. I understand that my child will remain on site at Buttercups Preschool, until such permission is given. 	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	
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 Buttercups Preschool, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____ Date: ____ / ____ / ____	

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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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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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