



ENROLMENT FORM

PRIVACY STATEMENT

We are collecting personal information on this enrolment form for the purpose 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 the research, statistics, funding, and the measurement of educational outcomes.

You can find more information about national student numbers at: eli.education.govt.nz

Centre I would like to enroll my child in: Mountain Ash, Frankton Jacks Point

CHILD'S INFORMATION NSN:

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|---|---|
| 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: | |
| <input type="checkbox"/> New Zealand birth Certificate <input type="checkbox"/> New Zealand Passport <input type="checkbox"/> Other _____ <input type="checkbox"/> Foreign birth Certificate <input type="checkbox"/> Foreign passport | |
| Staff initials _____ | |
| Child's date of birth (dd/mm/yyyy): _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Child's ethnic origin/s: | |
| Iwi your child belongs to: | |
| Languages spoken at home: | |
| Child's primary residential address (Street and Suburb): | |
| | |
| City: _____ | Postcode: _____ |

Parent/Guardian 1

Parent/Guardian 2

| | |
|------------------------|------------------------|
| Given names: | Given names: |
| Surname/family name: | Surname/family name: |
| Address-Street: | Address-Street: |
| Suburb/Postcode: | Suburb/Postcode: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |
| Relationship to child: | Relationship to child: |

Parent / Guardian 3

| | |
|------------------------|------------------------|
| Given names: | Given names: |
| Surname/family name: | Surname/family name: |
| Address-Street: | Address-Street: |
| Suburb/Postcode: | Suburb/Postcode: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |
| Relationship to child: | Relationship to child: |

Parent / Guardian 4**Additional person/s who can pick up your child**

| | |
|------------------------|------------------------|
| Given names: | Given names: |
| Surname/family name: | Surname/family name: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Relationship to child: | Relationship to child: |

Additional emergency contacts (also able to pick up child)

| | |
|------------------------|------------------------|
| Given names: | Given names: |
| Surname/family name: | Surname/family name: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Relationship to child: | Relationship to child: |

Custodial statement

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|--|-------|
| Given names: Are there any custodial arrangements concerning your child: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES, please give details of any custodial arrangements or court orders: (a copy of any court orders is required, and a photo of the above person if possible) | |
| Person/s who cannot pick up your child: | |
| Name: | Name: |
| Name: | Name: |

Child's doctor

| | |
|-----------------|--------|
| Name: | Phone: |
| Medical Centre: | |

Health

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| Illness/allergies: |
| Is your child up to date with immunisations? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide verification of all immunisations) |
| For staff: Immunisation records sighted and details recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your child any other condition that could require special medical attention? |
| Please state any additional information regarding health, allergies, or food requirements that may be helpful to staff: |

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| Individual Health Plan completed and signed. <input type="checkbox"/> Yes <input type="checkbox"/> No |

Medicine

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| <p>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.</p> |
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| Do you approve category (i) medicines to be used on your child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| Name/s of specific category (i) medicines that can be used on my child, provided by service: <input type="checkbox"/> Naturo Pharm Arnica <input type="checkbox"/> Weleda Calendula Cream |
| Parent/Guardian signature: _____ Date: _____ |

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| <p>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 Maori (Maori Plant medicine), that is prepared by other adults at the service.</p> |
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| 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: _____ |

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| <p>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.</p> |
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| For Staff: Individual health plan sighted, and a copy taken: <input type="checkbox"/> Yes <input type="checkbox"/> No |
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|-------------------|
| Name of medicine: |
|-------------------|

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|------------------------------|
| Method and dose of medicine: |
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| When does the medicine need to be taken: (State time or specific symptoms) |
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| Parent/Guardian signature: _____ Date: _____ |
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Enrolment details

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|---|--------|----------------|-----------|----------|---------------|------------------------|
| 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 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: _____ | | | | | | |

20 Hours ECE attestation

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|---|
| Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your child receiving 20 Hours ECE at any other services? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes to either or both of the above, please sign to confirm that: <ul style="list-style-type: none"> Your child does not receive more than 20 hours of 20hours ECE per week across all services. You authorize 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 id enrolled at, about the information contained on this box. |
| Parent/Guardian signature: _____ Date: _____ |

Dual enrolment declaration

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| I hereby declare that my child is/is not enrolled in another early childhood institution at the same service times that he/she is enrolled at Remarkable Start |
| Parent/Guardian signature: _____ Date: _____ |

Statutory holidays/term breaks

This enrolment agreement is inclusive of school term breaks.
Remarkable Start is not open on any Statutory Holidays.

Authorisation form

I understand that in an emergency Centre staff will apply immediate first aid as deemed necessary for the protection of my child while he/she is in their care. I understand that this includes calling the doctor named on the enrolment form, implementing the doctor's instructions, calling an ambulance, and/or transporting my child to a hospital or clinic if unable to contact me to obtain my consent.

Parent/Guardian signature: _____ Date: _____

I give permission for my child to go on walks or short outings from the Centre. These walks are recorded for parents stating the number of children participating and who is accompanying them, as per our Excursions Policy. For any field trips or excursions written consent from the parent will be required prior to any trip and the staff: I agree to the following child ratio's: under 2's 1-2 , over 2's 1-4.

Parent/Guardian signature: _____ Date: _____

I understand that the Centre staff are required to observe my child while attending the Centre, record these observations in writing and use these observations in programme planning to meet the individual needs of my child.

I understand that the Centre staff members, are required to photograph my child while attending the Centre, record these photographs within the Centre and in my child's portfolio.

I understand that Early Childhood Students, on placement at the Centre, may be required to observe and photograph my child while attending the Centre, and record these observations/photographs in their assignments.

I understand that the Centre staff will approach me directly for permission to use photographs of my child on the Remarkable Start Website and Remarkable Start advertising.

I understand that any photographs or video images, I as a parent or legal guardian might take at school events will not be used inappropriately. I will not post images on social media without parental approval from the parents of any children who appear in the image.

Parent/Guardian signature: _____ Date: _____

Thank you for taking the time to consider these issues. We will happily respect your decisions and you may feel free to change your decisions at any time by updating this form. In signing this document, you agree to the terms and conditions included in the document and on the enrolment form. The terms and conditions contained in this document and on the enrolment form are not necessarily exhaustive, and are subject to amendment from time to time.

Parent declaration

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| I declare that all the above information is true and correct to the best of my knowledge. |
| Parent/Guardian name: |
| Parent/Guardian signature: _____ Date: _____ |

Service declaration

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| On behalf of Remarkable Start, I declare that this form has been checked and all relevant sections have been completed. |
| Service Provider name: |
| Service provider signature: _____ Date: _____ |

TERMS AND CONDITIONS

ENROLMENT PROCEDURE

If you choose to book a space for your child the place will be secured for you upon receipt of your completed enrolment form, and a \$30:00 Enrolment fee.

We encourage you to send in your completed form as soon as you have made a decision regarding your child's educational journey to avoid disappointment and to enable us to plan our staffing requirements.

20 HOURS ECE

All children aged three to six years are eligible for 20 hours ECE. The Centre is a provider of 20 hours ECE for three, four and five-year-old children, up to six hours per day with a maximum of 20hours per week are available. Remarkable Start charges an optional fee of \$3:60 per hour for children 3 years and over who receive 20 hours ECE. Hours requested by the parents for 20 hours ECE forms part of the Enrolment form.

OPTIONAL CHARGE:

1. The optional charge of \$3:60 (Per hour) is for children 3 years and over, who receive 20hours ECE is for:

- Maintaining higher than the required teacher to student ratios.
- Subsidization of class excursions including Trail Blazers and any extra activities such as baking, gardening etc
- Specific equipment and activities (Montessori)
- Daily morning and afternoon tea, snacks, and baking activities, sunblock.

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

3. The agreement to pay the optional charge will last until your child leaves Remarkable Start.

4. For any changes to the agreement, Parents/guardians must talk to Remarkable Start management and all changes are to be agreed upon by both parties.

5. I understand that the optional charge is not compulsory and if I choose not to pay there is 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 PAYMENT, INVOICES

Remarkable Start Policy and the Ministry of Education licensing regulations require us to employ staff based upon the number of children enrolled. This is why it is important that you book your child in for a regular number of days per week. All accounts are required to be paid in full on a weekly basis. Invoices will be emailed to all parents on a Monday for the forecasted week.

LEAVING THE CENTRE

We require 2 weeks' notice in writing if you are planning to remove your child from the Centre. Fees may be charged up to and including the final day.

ATTENDANCE

All children are required to attend between the hours of 9am -3pm. There is the option of extending hours between 8am – 5pm.

If a child is absent due to illness or holidays, please make sure you advise the Centre. The time of your arrival and departure is required to be written in the daily sign in and sign out sheet (Located at the reception desk at all times). In an emergency, this sign in sheet is used to ensure all the children are accounted for.

HOLIDAYS/SICK DAYS

A 50% fee discount is offered for holidays, provided the Centre is advised in writing 2 weeks prior. If 2 weeks' notice is not received, then normal full fees may apply. Your child's holiday entitlement is 3 x their normal weekly-booked days, per year. Full fees will apply once these have been used. A new allocation of holidays will apply from the 1st January each year. Sick days will receive a 50% at the discretion of management.

There will be NO FEES charged for Public Holidays.

FAMILY DISCOUNTS

A family discount will apply when 2 or more siblings attend at the same time, 10% will apply be applied to the youngest child.

WINZ SUBSIDIES

It is the parent's responsibility to check with WINZ to see if they are entitled to a childcare subsidy.

LATE PAYMENT OF FEES

Any overdue fees may incur a penalty 5%. After a period of three weeks non-payment your child may have their enrolment cancelled at the Remarkable Start. A debt collection agency may be engaged to recover debts or proceedings through the courts may commence.

By signing these terms and conditions you are agreeing to all costs incurred in the collection of debt, such as legal costs, court or debt collection fees.

HOURS

Remarkable Start is licensed to have children attend Monday – Friday 8am -5pm.

The Centre will be closed on statutory holidays and weekends. The Centre will close for a time over the Christmas / New Year period.

SETTLING IN

All children are required to visit the Centre for at least one short period, prior to starting at Remarkable Start. Several visits may be required before your child is ready to start. There will be no charge for visits. Our staff will call you on your child's first full day to update you on your child's progress.

PICK UP / DROP OFF

You are required to drop your child off or pick up at your scheduled times. If you are going to be delayed at any of these times, please phone Remarkable Start to advise staff. Late Fees may be applied at a charge of \$15:00 per 15 minutes. Remarkable Start will only release children into the care of adults documented on this enrolment form. Any other adults collecting will require permission by parents /guardian prior to the child being released.

HEALTH

Verification of Immunisations is required; a copy will be taken and included with your child's enrolment file. If your child is unwell, they may be at risk of infecting other children, teachers, adults, including expectant mothers; we ask that you keep your child home until they are well again, and advise the Centre of your child's illness. Any child who has experienced vomiting or diarrhea will be excluded from Remarkable Start for 48hours from the last episode. If you are contacted to collect your child who has become unwell, we ask that this be done as quickly as possible. Any medication for your child is to be handed to your child's room leader, this is to be documented and signed consent by you is required. A copy of our Child Protection Policy is available at any time

FOOD

Morning, afternoon tea and late snacks will be supplied by Remarkable Start. These foods could include Apple, Carrots, Cracker; these foods will be prepared in accordance with Ministry of Health guidelines Children are required to bring their own lunch. We ask that where possible parents follow the MOH guidelines (Reducing food-related choking for babies and young children at Early Learning services) A copy of these will be available to view when enrolling.

The Centre has a strict NO NUT Policy.

We support and encourage healthy, eating habits at Remarkable Start.

CLOTHING/PERSONAL ITEMS

Children are required to bring a named, change of clothes in their bags daily. Sunhats are compulsory in the summer months. Slippers are recommended in winter months for indoor use. There is a 'no shoes inside classrooms policy' for all children, including teachers, parents, and all visitors. Easy on and off footwear for children is recommended. Parents are to supply nappies for their child where appropriate; these are required to be named. Wipes (non-allergenic) will be supplied by the Centre. Sunscreen will be supplied by Remarkable Start, please advise room leader if you prefer to supply your own. All children's belongings, including items of clothing, footwear etc. are to be named. Please do not feel obliged to purchase labels, as a permanent marker is ample. Please keep children's toys at home. These can be at risk of being lost or damaged (this excludes toddler's special toys for sleeping, comforters, etc.)

EMERGENCY CLOSURES

Should the Centre be closed at the request of the Ministry of Education (emergency closure) you will be required to collect your child from the Centre.

I have read and agree to the above information and procedures.

Parent/guardian signature: _____

Date: _____

| OFFICE USE ONLY | |
|--|--|
| <input type="checkbox"/> Enrolment form completed and signed | <input type="checkbox"/> Birth cert / passport |
| <input type="checkbox"/> Start date | <input type="checkbox"/> NSN |
| <input type="checkbox"/> Info care entry | <input type="checkbox"/> Immunisation Cert |
| <input type="checkbox"/> Enrolment fee | <input type="checkbox"/> Allergies/Medical/Health plan |
| <input type="checkbox"/> WINZ | <input type="checkbox"/> sibling discount |
| <input type="checkbox"/> Well Child Service Form | <input type="checkbox"/> MOH food guidelines provided to parents |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Finishing date | <input type="checkbox"/> Debt cleared |