|  |
| --- |
| Scallywaggs BannerScallywaggs Junior Kindergarten 9 Russell Street, Waipukurau 4200 phone 06 858 7404Enrolment Agreement Form |
| **Child’s details:** |
| Child’s official given name: |
| Child’s official surname or family 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: |
| Child’s date of birth: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ Male Female |
| Child’s primary residential address: |
|  Postcode:Child’s ethnic origin/s: Iwi your child belongs to: Languages spoken at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Copy of official identity verification document\* collected by staff:New Zealand birth certificate Foreign birth certificateNew Zealand passport Foreign passportOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Names & birth dates of siblings: |
|  |
|  |
|  |
| **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 and 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.All personal information on your child will be kept secure and remain confidential.You can find more information about national student numbers at: [www.education.govt.nz](http://www.education.govt.nz)\*Information about acceptable identity verification documents is available online at[www.education.govt.nz](http://www.education.govt.nz) and [www.education.govt.nz](http://www.education.govt.nz) The Ministry recommends that all services keep a copy of the identityVerification document of each child who is enrolled at the service. |
| **Parents / Guardians:** |
| Given names: | Given names: |
| Surname/family name: | Surname/family name: |
| Address: | Address: |
|  Postcode: |  Postcode: |
| Phone (Home): | Phone (Home): |
| Phone (Mobile): | Phone (Mobile): |
| Phone (Work): | Phone (Work): |
| Place of work: | Place of work: |
| Email: | Email: |
| Relationship to child: | Relationship to child: |
| NZ Driver Licence Number: | NZ Driver Licence Number: |
|  **Emergency Contacts:** (other persons able to pick up your child) |
| Given name: | Given name: |
| Surname/family name: | Surname/family name: |
| Address: | Address: |
|  Postcode: |  Postcode: |
| Phone (Home): | Phone (Home): |
| Phone (Mobile): | Phone (Mobile): |
| Phone (Work): | Phone (Work): |
| Given name: | Given name: |
| Surname/family name: | Surname/family name: |
| Address: | Address: |
|  Postcode: |  Postcode: |
| Phone (Home): | Phone (Home): |
| Phone (Mobile): | Phone (Mobile): |
| Phone (Work): | Phone (Work): |
| **Doctor:** |
| Name: | Phone: |
| Name of medical centre: |
| **Health** |
| In the event of an accident, do you authorise Scallywaggs staff to seek medical advice and/or treatment at your expense? *Yes / No* |
| **Allergies:** |
| Does your child have any allergies which Scallywaggs staff need to be made aware? *Yes / No* |
| Please provide us with full details: *Type of allergy and severity? Signs and symptoms of exposure? Action required? Please continue information onto next page if necessary.* |
|  |
|  |
|  |
| Is there any other health concern you may have? |
|  |
|  |
| **Immunisation:** |
| Is your child immunised? *Yes / No*Is your child up-to-date with immunisations? *Yes / No*  *(Please provide verifications of all immunisations)* Have you supplied Immunisation records to Scallywaggs? *Yes / No***For staff:** Immunisation records sighted and details recorded? *Yes / No*   |
| **Medicine:** |
| **Category (i) Medicines -** Scallywaggs Junior Kindergarten provides the following category (i) medications |
| *A category (i) medicine is a non-prescription preparation that is not ingested, used for ‘first aid’ treatment of minor injuries and provided by Scallywaggs and kept in the first aid cabinet.*  |
| Do you approve category (i) medicines to be used on your child? *Yes / No* |
| Name/s of specific category (i) medicines that can be used on my child, **provided by Scallywaggs**: |
| * Arnica Cream *Yes / No*
 | * Aqueous Cream *Yes / No*
 |
| **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 Maori (Maori 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 symptons/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 your child only. |
| **For staff:** Individual health plan sighted and a copy taken: *Yes / No* |
| Name of medicine; dosage; time:**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ |
| **Fees –** As the enrollingparent / guardian**,** you are responsible for payment. |
| **Under 2’s** Enrolled $ 6.60 per hourCasual $10.00 per hour effective April 29th 2019 |
| **Over 2’s**Enrolled $ 5.60 per hour Casual $ 7.50 per hour effective April 29th 2019 |
| **Fees** are calculated on your child’s permanent days / times of enrolment and are calculated to the nearest quarter hour. Care outside enrolled hours is an extra cost and a ‘late pick-up’ penalty may also be charged. |
| **Scallywaggs** reserves the rights to change the fee rates and policies, irrespective of previously published or quoted fees, and apply these new rates and policies from the notified date.There is no reduction in fees when absent or on holiday.All fees are required to be **paid one week in advance** to cover the current week.The first fee payment is required before care commences. We encourage fees to be paid weekly by Automatic payment, Internet banking, or Telephone banking, however we do accept Eftpos, cash or cheque through the office.Scallywaggs has the right to cancel a booking where fees remain outstanding and no agreement to pay has been put in place. **Default & 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 **Scallywaggs’** sole discretion such interest shall compound monthly at such a rate) after as well as before any judgment.If you default in payment of any invoice when due, you shall indemnify **Scallywaggs** from and against all costs and disbursements incurred by **Scallywaggs** in pursuing the debt including legal costs on a solicitor and own client basis and **Scallywaggs’** collection agency costs.Any costs incurred recovering unpaid fees will be debited to your account.*I have read and understand the conditions of paying my child’s fees.***Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_ Date:** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ |
| **Dual Enrolment Declaration**  |
| I hereby declare that my child is/is not enrolled at another early childhood service at the same times that he / she is enrolled at Scallywaggs Junior Kindergarten. |
| **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ |
| **Statutory Holidays / Term Breaks** |
| Scallywaggs Junior Kindergarten is NOT open on Statutory Holidays. |
| This enrolment agreement is inclusiveof school term breaks. |
| **Enrolment Details:** |
| All changes to this enrolment **must** be signed and dated by the parent / guardian.Scallywaggs cannot accommodate the swapping of days, however additional days / hours may be available at an extra cost.Two weeks paid notice is required when withdrawing your child from the centre.Prompt return of this enrolment ensures your child’s space is reserved. |
| Date of Enrolment: \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_\_\_ Date of Entry: \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_\_\_ Date of Exit: \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_\_\_ |
| Days Enrolled: |  Monday |  Tuesday |  Wednesday |  Thursday |  Friday | Total hours |
| Times Enrolled: |  |  |  |  |  |  |
| **Please Note:** 20 Hours ECE is for children **aged 3 and 4 years**, allowing up to **six hours per day**, and up to  **20 hours per week.** **For 20 Hours ECE please fill out the boxes below with the hours attested eg 6 hours** |
| ECE hours at our service |  |  |  |  |  |  |
| ECE hours at another service |  |  |  |  |  |  |
| Number of **paid** hours |  |  |  |  |  |  |
| Total hours at $ per hour = $ per week  | Your costs per week |
| Work & Income Childcare Subsidy hours  |
|  |
| **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Date:** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ |

|  |
| --- |
| **20 Hours ECE Attestation:** |
| 1. Is your child receiving ECE Hours at this service? *Yes / No*
 |
| 2. Is your child receiving ECE Hours at any other services? *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 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 Scallywaggs providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about information contained in this box.
 |
| **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_  |

|  |
| --- |
|  |
| **Custodial Statement** |
| Are there any custodial arrangements concerning your child? *Yes / No* |
| If **Yes**, please give details of any custodial arrangements or court orders (a copy of any court order is required) |
| **Person/s who may not pick up your child:** |
| Name: | Name: |
| Name: | Name: |
| **Person/s who can pick up your child:** (other than yourself and those mentioned as Emergency contacts) |
| Name: | Name: |
| Address: | Address: |
|  |  |
|  Postcode: |  Postcode: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |

|  |
| --- |
| **Required Information for Licensing Purposes** |
| * I agree to my child being taken for regular outings or excursions to other areas within the Scallywaggs complex i.e. Paddock, Orchard, Adventure Playground, Toy Town, Hall, Rope Course and other centres at the staff ratios I have sighted in the Risk Assessment Management System booklet.

 *Yes / No* |
| * I agree to my child leaving the licensed premises for regular outings or excursions while receiving education and care from Scallywaggs Junior Kindergarten under the excursion policy at the staff ratios I have sighted in the Risk Assessment Management System booklet.

*Yes / No*  |
| * I agree not to bring my child to Scallywaggs Junior Kindergarten in the event of sickness, an infectious illness e.g. vomiting and/or diarrhoea (exclusion 48 hours after symptoms cease), measles, conjunctivitis, etc., or if infected with head lice.

 *Yes / No*  |
| * **Photo / Video:** I give permission for my child to be photographed / video taped for the purpose of assessment, planning and evaluation. Photographs will be taken on a centre owned and based camera with all digital copies retained within Scallywaggs. Copies are available upon request.

 *Yes / No* |
| * **Advertising / Website:** I give permission for my child’s photo to be used for Scallywaggs advertising and / or on Scallywaggs website.

 *Yes / No* |
| * **Ministry of Education Funding Expenditure –** Scallywaggs receives funding from the Ministry of Education. A record of this expenditure is displayed on the Parent Information Board outside of the main office.
 |

|  |
| --- |
| **Other information** |
| * **Policy Statement:** Scallywaggs Junior Kindergarten has a number of policies that set out the procedures which 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 Scallywaggs, and understand how you can have input to policy review.
 |
| * **Parent Information Pack**: Please ensure you have read the information in the Parent Information Pack as it can help you and your child settle into Scallywaggs Junior Kindergarten.
 |
| * **Child’s strengths, interests and preferences:** Please let us know us about your child’s strengths, interests and preferences.
 |

|  |
| --- |
| **Privacy Act 1993** |
| 1. I and the Guarantor/s (if separate from me) authorise **Scallywaggs** to:
	* 1. collect, retain and use any information about me, for the purpose of assessing my creditworthiness or marketing products and services to me; and
		2. disclose information about me, whether collected by **Scallywaggs** from me directly or obtained by **Scallywaggs** 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 me.
2. I am an individual for the purposes of the Privacy Act 1993 and the authorities under Clause 1 are authorities or consents for the purposes of the Privacy Act 1993.
 |

|  |
| --- |
| **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 Scallywaggs I declare that this form has been checked and all relevant sections have been completed. |
| **Scallywaggs Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  **Date:** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ |

*May 2013*