



Kaleidoscope
CHILDCARE CENTRE

Child Enrolment Form

CHILD'S DETAILS

Child's official surname or family name: _____

Child's official given name: _____

Child's official other names / middle name: _____

(Please separate names with a comma)

Known as / Preferred name: _____

Male Female

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: _____

Child's ethnic origin/s: _____

Iwi your child belongs to: _____

Language/s spoken at home: _____

Child's primary residential address: _____

Postcode: _____

PARENT/GUARDIAN DETAILS

PARENT/GUARDIANS

1. Given name: _____

Surname/family name: _____

Address: _____

Postcode: _____

Home phone: _____

Work phone: _____

Mobile: _____

Relationship to child: _____

Email Address: _____

2. Given name: _____

Surname/family name: _____

Address: _____

Postcode: _____

Home phone: _____

Work phone: _____

Mobile: _____

Relationship to child: _____

3. Given name: _____ Surname/family name: _____

Address: _____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile: _____

Relationship to child: _____

OTHER PEOPLE THE CENTRE MAY RELEASE YOUR CHILD TO

1. Given name: _____ Surname/family name: _____

Address: _____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile: _____

Relationship to child: _____

2. Given name: _____ Surname/family name: _____

Address: _____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile: _____

Relationship to child: _____

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 **cannot** pick up your child:

Name: _____ Name: _____

ADDITIONAL EMERGENCY CONTACTS (ALSO ABLE TO PICK UP CHILD)

1. Given name: _____ Surname/family name: _____

Address: _____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile: _____

Relationship to child: _____

2. Given name: _____ Surname/family name: _____

Address: _____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile: _____

Relationship to child: _____

CHILD'S HEALTH DETAILS

CHILD'S DOCTOR

Name of Doctor: _____ Phone: _____

Name of medical centre: _____

HEALTH DETAILS

Please note any allergies/illness/special needs: _____

Is your child up-to-date with immunisations? Yes No

Please provide a copy of immunisation certificate

For staff: Immunisation records sighted and details recorded Yes No Date: _____

MEDICINE

Category (1) Medicines

A category (1) 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. The treatments the centre supplies are; Arnika cream for bruising, Calendula cream for broken cuts and bruising, and Stingose cream used for insect bites.

Do you approve category (1) medicines to be used on your child? Yes No

Name/s of specific category (1) medicines that can be used on my child, provided by centre:

Please list: _____

Parent/Guardian Signature: _____ Date: _____

Category (2) Medicines

Category (2) medicines are prescriptions (such as antibiotics, eye/ear drops) or non-prescription (such as paracetamol liquid) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent or guardian for the use of that child only or, in relation to Rongoa Maaori (Maaori plant medicines), that is prepared by other adults at the service.

I acknowledge that written authority from a parent or guardian is to be given at the beginning of each day a category (2) medicine to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is given.

Parent/Guardian Signature: _____ Date: _____

Category (3) Medicines

To be filled in if the 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 Yes No Date: _____

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: _____

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 and there must be no compulsory fees when a child is receiving 20 Hours ECE funding.

Days enrolled:

Times enrolled:

Monday	Tuesday	Wednesday	Thursday	Friday	
					Total hours:

For 20 hours ECE fill out the boxes below with the hours attested e.g. 6 hours

20 Hours ECE
at this service:

20 Hours ECE at
another service:

					Total hours:
					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? Yes No
2. Is your child receiving 20 Hours ECE 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 of 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make inquiries regarding the information provided in the Enrolment Agreement From, 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 the other early childhood education services your child is enrolled at, about the information in this box.

Parent/Guardian Signature:

Date:

DUAL ENROLMENT DECLARATION

I hereby declare that my child is/is not enrolled at another early childhood institution at the same times the he/she is enrolled at Kaleidoscope Childcare Centre.

Parent/Guardian Signature:

Date:

TERMS AND CONDITIONS

STATUTORY HOLIDAYS

Kaleidoscope Childcare Centre will be closed on statutory holidays.

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 the 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: eli.education.govt.nz

CONSENT

- In signing this enrolment form, I agree to pay fees on the basis of the fees schedule current at the time & in accordance of the fees payment of the centre. I understand & accept full responsibility for payment of the fees charged to my account in accordance with the published fee rates. The centre reserves the right to change the fee rates & irrespective of previously published or quoted prices, the new rates will apply from the notified date. I understand & accept that these fees are to be paid in full weekly or as arranged with the manager.

The fee charged is for the space booked. All sessions that your child is enrolled for will need to be paid for even if absent. Children going on holiday for a period of one week or more will be charged a retainer of 50% of the normal weekly fee. One weeks notice is required.

I understand & accept that if any fee or charge remains unpaid, beyond the time specified in the fee payment practice, my child's enrolment may be forfeited and the debt passed on to a debt collection agency for collection. I accept responsibility for any and all legal administration costs & legal fees incurred in this process.
- In the event of an **emergency** (including illness/accident) where all contacts cannot be contacted. I give permission for the centre to take whatever actions necessary to safeguard the well-being of my child.
- I agree to abide by the guidelines on the Health Department chart in regard to my child being unwell. I understand the centre reserves the right to not accept my child, or request he/she goes home if unwell.
- I give/ do not give (circle one) permission for public health services to see my child at the centre.
- I give/ do not give (circle one) permission for my child may be taken on spontaneous walking/bus excursions in the Tauranga central area, adhering to the child/adult ratio requirements as specified on the centre licence and policy.
- I give/ do not give (circle one) permission for photographs/videos of my child, their name and samples of their art work to be used for display purposes.
- I give/ do not give (circle one) permission for my child's photo to appear on Kaleidoscope Childcare Centres website.
- I agree to information of family details and observations of my child/ren being held, and understand that this information is kept confidential, and only used for the purpose for which it was written.
- I agree to adhere to the policies and procedures used at Kaleidoscope Childcare Centre.

DECLARATION

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

Service Provider Signature: _____

Date: _____

HOW DID YOU FIND OUT ABOUT US?

- Newspaper Adverts
- Flyers
- Adverts in school newsletters
- Website
- Facebook
- Family/Friends/Neighbours
- Drive-by
- Internet
- Other (please state): _____