



Enrolment Agreement Form

To be completed by Parent(s)/Guardian(s).

Please complete all sections, read the Terms & Conditions and fee schedule

Child's Details

Surname:	Middle Name:
First Name:	
Preferred Name:	
Date of Birth:	Gender:
Ethnicity:	Iwi your child belongs to (If applicable)
First Language:	Other language/s
Residential Address:	
	Post Code:
Copy of official identity verification document: <i>(Please Tick One)</i>	
<input type="checkbox"/> NZ Birth Certificate	<input type="checkbox"/> NZ Passport <input type="checkbox"/> Other
<input type="checkbox"/> Overseas Birth Certificate	<input type="checkbox"/> Overseas Passport

Parent/ Guardian Details

All account information will be sent to this person	
First Name: Last Name: Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr (tick one) Relationship to child: _____ Address (if different from child): _____ _____ Phone: _____ Evening Phone: _____ Mobile Phone: _____ Email Address: _____ Occupation: _____ (Optional)	First Name: Last Name: Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr (tick one) Relationship to child: _____ Address (if different from child): _____ _____ Phone: _____ Evening Phone: _____ Mobile Phone: _____ Email Address: _____ Occupation: _____ (Optional)

Emergency Contact (or additional person/s authorised to pick up your child) required

Surname:	Surname:
First Name:	First Name:
Relationship to Child:	Relationship to Child:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Email Address:	Email Address:
Residential Address	Residential Address

Custodial Statement

Are there any custodial arrangement concerning your child? Yes No

If Yes, please give details of any custodial arrangement or court orders (a copy of any court order is required):

Person(s) who can pick up your child (In addition to above contacts)

1. Name and (relationship): _____

2. Name and (relationship): _____

Person(s) who cannot pick up your child

1. Name: (relationship): _____

2. Name: (relationship): _____

Medical Information

Child's Doctor: _____ Telephone No: _____

Name of Medical Centre:

Address:

Health

Does your child have any illness or allergies? Yes No

If answered Yes, please specify: _____

Is your child's immunisation up-to-date? (Please provide verification) Yes No

Does your child have specific dietary requirement? Yes No

If answered Yes, please specify: _____

For Staff Immunisation record sighted and details recorded Yes No

If teachers need to access emergency medical assistance, is there any information they should know about your child? (e.g. no blood transfusions)

Medication

Category (i) Medicines

Category (i) medicines is a non-prescription preparation (such as arnica cream, antiseptic liquid) that is not ingested, used for the “first aid” treatment of minor injuries and provided by Merryland and kept in the first aid cabinet.

Do you approve category (i) medicines can be used on your child when necessary? Yes No

Arnica Cream	Pawpaw Ointment
Antiseptic Cream/Liquid	Sunscreen
Insect bite treatment	Plasters

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

Category (ii) Medicine

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops) or non-prescription (such as paracetamol liquid, cough syrup) medicine that is used for a specific period of time to treat a specific condition or symptoms, 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) medicine is to be given.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

Category (iii) Medicine

Category (iii) Medicine is a prescription (such as asthma inhalers, epilepsy medication) or non-prescription (such as antihistamines syrup) medicine that is: used for the ongoing treatment of a pre-diagnosed condition (such as Asthma, allergic reaction, diabetes, eczema); and provided by the parent for the use of that child only.

Does your child require an individual health plan for an on-going condition? Yes No

If Yes:

For Staff: Individual health plan sighted, and copy taken Yes No

Name of Condition: _____

Name of Medicine: _____

Method: _____ Dose: _____

When does the medication need to be taken: (State specific time or symptoms): _____

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

Enrolment Details

Date of Enrolment: ___/___/___ Start Date: ___/___/___ Exit Date: ___/___/___

Half Day Attendance (tick session boxes)	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Morning (7:30am – 1:00pm)						
Afternoon (1pm-6pm)						
Short day (6 Hours a day maximum)						

Full Day Attendance (fill in attendance time)	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In Time						
Out Time						
Short Day Attendance (fill in attendance time)	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In Time						
Out Time						

20 Hours ECE Attestation (Leave Blank if your child is under 3 years of age)

Please note: 20 Hour ECE is for upto six hours per day, up to 20 hours per week and there is no compulsory fees when a child is receiving 20 hours ECE funding.

Do you want your child to receive 20 Hours ECE at Merryland? Yes No

Is your child receiving 20 hours ECE at any other service? Yes No

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Days enrolled						
Time enrolled						
20 Hours ECE at this service						
20 Hours ECE at another service						

If Yes, to either/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 form, if deemed necessary and to the extent necessary to make decision about your child's eligibility for 20 Hours ECE.
- You consent to Merryland Childcare Centre 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 section.

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

Dual Enrolment Declaration (if child is receiving 20 Hours ECE at any other service)

I hereby declare that my child is/is not (*Please circle one*) enrolled at another early childhood service at the same time that he/she is enrolled at Merryland Childcare Centre.

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

Consents

NOTE: WE DO NOT ALLOW PHOTOGRAPHY BY PERSONNEL OTHER THAN MERRYLAND CHILDCARE STAFF AND WITHOUT SPECIFIC PERMISSION (Please Circle One)

- Merryland Childcare teachers may feature your child in a photo or short video for centre programme development planning, general wall displays, individual or group learning portfolios, observations, assessments, evaluation and centre newsletters. YES / NO
- Your child may also appear in another child's learning portfolio as either part of a group learning story or group photo or in the background of another child's photographs YES / NO
- Do you give permission for your child to be taken on impromptu walks by teachers
In groups YES / NO
- Do you give permission for your child to be featured for the above purpose? YES / NO
- Do you give consent to use a photo or video containing your child for the purpose of promotional purposes on the Merryland website and Social Media (Facebook, Twitter, Instagram etc) YES / NO
- Do you give permission for standard vision, hearing and health checks for your child that are undertaken by a Health professional visiting the centre? YES / NO
- Do you give consent for the results of these health checks to be discussed with your child's teacher if necessary? YES / NO
- Do you agree to your child's learning journey being documented and available on Story Park YES / NO

Policy Statement

- Merryland Childcare Centre has a number of policies that set out the procedure 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 form indicates that you will abide by the policies of this service, and understand how you can have input to policy review. We welcome your feedback and suggestions on improving our policies at any time.

Parent Information Leaflet:

Please ensure you have read the information in the parent handbook as it covers such things as medical information and ways in which we can help you and your child settle into the centre, daily routines etc.

Fees:

- I understand that the fees will be paid for my child even if he/she is absent from the centre for some, due to illness and/or for public holidays. I agree to pay all childcare fees one week in advance, if any outstanding debt is longer than 30 working days, I understand that it will be passed on to debt collectors with the recovery charge added to the debt. Identification evidence required upon enrolment for debit collection purposes only.

Privacy Statement

We are collecting personal information on this enrolment 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 of 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 number at : www.minedu.govt.nz/parents

Information about acceptable identity verification document 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.

Parent Declaration

- (i) I have read and understand the **Terms and Conditions**, the **Merryland Childcare Policy Sheet**, **parent information handbook and fees schedule** and agreed to bound to these conditions
- (ii) I have provided all the documents required
- (iii) I declare all the information above is true and correct to the best of my knowledge

Parent/ Guardians signature

Name: _____ Date: ____ / ____ / ____

Signed: _____

How Did You Find Out About Merryland?

- Google Search
- Location – Signage
- Social Media
- Drive-by
- Family/Friend
- Other: _____

For office use only

- Enrolment Form
- Staff Notified (illness/allergies)
- Start Date
- Child’s Identity Verification
- Story park Consent Form.
- Immunisation Record
- 20 Hours Attestation
- WINZ Form
- Parent’s Identity Verification

Payment Method

- Cash
- Direct Debit
- Eftpos
- Internet Payment

Our Bank Account Number : 02 - 0108 - 0447218 - 00

(please use childs full name and reference number on Invoice for payments)

Service declaration

On behalf of Merryland childcare centre, I declare that the form has been checked and all relevant sections has been completed,

Management Signature: _____ Date: ____ / ____ / ____