

## Enrolment Agreement Form

Child's details:		
Surname:		Middle Name:
First Name:		
Preferred name:		
Date of birth: dd / mm / yyyy		Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity: _____ _____ _____	Iwi your child belongs to (if applicable) _____ _____ _____	Language/s spoken at home: _____ _____ _____
Residential address:   		
Post Code:		
Copy of official identity verification document: <i>(Please tick one)</i>		
<input type="checkbox"/> New Zealand birth certificate		<input type="checkbox"/> Foreign birth certificate
<input type="checkbox"/> New Zealand passport		<input type="checkbox"/> Foreign passport
<input type="checkbox"/> Other _____		

Parents / Guardians:	
1. First name:	2. First name:
Surname:	Surname:
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <i>(Tick one)</i>	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <i>(Tick one)</i>
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Additional person(s) authorised to pick up your child:	
First name:	First name:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Privacy Statement:
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>We will use and disclose your child's information only in accordance with the Privacy Act 2020. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.</p> <p>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.</p> <p>You can find more information about national student numbers at: <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a></p>

Custodial Statement	
Are there any custodial arrangements concerning your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Person(s) who <b>CANNOT</b> pick up your child:	
Name:	Name:
Relationship to child:	Relationship to child:



### Optional Charges (for children booked for 20 hours)

1. The optional charge is: (please see below)

- Over 80% qualified teachers
- 3 meals provided per day including hot lunch
- Employing a centre cook
- A transition to school programme
- An extension program to prepare your child and extend their knowledge in preparation for further formal education when they start primary school
- The costs of materials required for our theme day projects
- Access to other resources
- Sunblock

2. I understand that if I agree to pay for the optional charge, The Learning Corner ELC may enforce payment.

3. The agreement to pay the optional charge will last until the child leaves the centre

4. I **agree** to pay the optional charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Photography Permission

I give permission for The Learning Corner Early Learning Centre to photograph my child for the following purposes  
(Please tick one)

Type of Use	Grant Permission	Decline Permission
Published on print materials for the centre		
Displayed in the daily diary		
Displayed on wall displays		
Published in planning and evaluation documentation		
Uploaded to centres web site		
Posted on centre's Facebook, Seesaw app, or any other centre electronic communication		
Published on centre's marketing material		
Take my child for walks in the local community		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorise one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrolment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Medical Declaration</b>	
Illness/allergies:	
Special diet requirements:	
Is your child up-to-date with immunisations?	<i>Tick One</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
(Please provide verification of all immunisations)	
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Child's doctor:</b>	
Name:	Phone:
Name of medical centre:	

<b>Category (i) Medicines</b>	
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.	
Do you approve category (i) medicines to be used on your child?	<i>Tick One</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
Calendula cream	Arnica cream
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>Category (ii) Medicines</b>	
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	
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: ____ / ____ / ____

<b>Category (iii) Medicines</b>	
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.	
<b>For staff:</b> Individual health plan sighted and a copy taken:	<i>Tick One:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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: ____ / ____ / ____

## The Learning Corner ELC Terms and conditions

I understand and accept full responsibility for payment of fees charged to my account in accordance with the published fee rates and policies.

I understand upon enrolment a non-refundable deposit of \$50 must be paid to secure my child's place on the roll.

I understand that 5% penalty in fees per week may be charged if my account has been outstanding for more than three weeks.

I understand that fees are payable for Public/Statutory Holidays.

I understand that payment remains payable full where my child is absent through illness or any other reason.

I understand that The Learning Corner does not close and fees are Payable for 52 weeks of the year.

I understand that after 6 months of enrolment The Learning Corner ELC offers 2 weeks (10 days) holiday leave and 2 extra weeks at a discount of 50% off your weekly fee payable per calendar year. After the mentioned holiday period full fees will be charged and due (applies for Babies and Toddlers only – 3 months to 2 year olds).

I understand and agree that my child's place may be forfeited, and the debt passed to a debt collection agency for collection. I take full responsibility for any and all legal administrative costs and legal fees incurred in this process.

I will give at least 2 weeks' notice in writing if my child is leaving The Learning Corner ELC, I understand that full fees are still payable through the notice period 2 weeks.

I will give at least 1 weeks' notice in writing or pay 1 weeks fees before changing the number of days enrolled for my child at The Learning Corner ELC.

I understand that I may be charged late pick up/early drop off fee if my child is collected/dropped outside their normal booked hours of \$20 for the first ten minutes; then \$5 for every 5 minutes.

I will not bring my child to The Learning Corner when ill or suffer from any infectious illness such as chicken pox, rubella, mumps or any signs of acute cold, cough and nasal discharge.

I will keep The Learning Corner informed of any changes to my phone numbers, address changes or people that are able to collect my child.

I agree to maintain positive and respectful relationships with teachers and manager and promote a peaceful environment for everyone's wellbeing at The Learning Corner by using polite and appropriate language and manners at all times. Failure to comply with the agreement of the preschool may lead exclusion from The Learning Corner ELC.

I have read and agree to accept the terms and conditions as set out above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge. All personal information on your child will be kept securely and remain confidential. Any changed to this form must be signed and dated by the parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## The Learning Corner ELC Declaration

On behalf of The Learning Corner ELC Mt Albert, I declare that this form has been checked and all relevant sections have been completed.

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_