NSN Number _____

(46717) Kids Cave Early Learning
19 Kahu Crescent, Te Rapa Park Hamilton 3200
P: 07 849 1985, E: Enrol@kidscave.co.nz

Administration Records

Enrolment Agreement Form

♦ Child's details:

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:

Child's identification *Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.* Official Identification document/s sighted by staff:

❑ New Zealand birth certificate ❑ Foreign birth certificate

❑ New Zealand passport ❑ Foreign passport

❑ Other _____ **Staff name & initials**: _____

Child's date of birth: d d / m m / y y y y Male ☐ Female ☐

Child's ethnic origin/s:	Iwi your child belongs to:	Language/s spoken at home:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's primary residential address:

Post Code:

♦ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Privacy Principles 3 and 3A - Collection of information). Additionally, all Privacy statements must include the exact wording below:

We collect information, including personal information (e.g. enrolment and attendance) about your child, which is shared with the Ministry of Education, who stores it securely and treats it in accordance with the Privacy Act 2020.
The Ministry of Education collects and holds this information for the following purposes:
• for funding allocation
• for monitoring compliance with the Education (Early Childhood Services) Regulations 2008 and related criteria, and the ECE Funding Handbook
• to assign a National Student Number* to your child,
• for statistical and resourcing purposes
• to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under Education and Training Act 2020,
• as permitted by the Privacy Act 2020.
Information collected may be shared with other government agencies where required by legislation, or to meet an agreed purpose, and in accordance with the government's direction for greater inter-agency data sharing.
You have the right to request access to or correction of personal information that the Ministry of Education holds about you. Contact information for the Ministry can be found here: National office - Ministry of Education.
Completed enrolment forms and related information may be accessed by authorised Ministry officials on request, for monitoring, licensing, and funding administration purposes.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at National Student Number (NSN) » NZQA
Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: National Student Numbers (NSN) – Education in New Zealand
The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

♦ Parents / Guardians:	
1. Given names:	**2. Given names:**
Surname / family name:	**Surname / family name:**
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email: Is this the email for invoicing purposes? Yes/No *Please supply email address so you can receive invoices and newsletters. If you do not have access to an email, please let our office know*	Email: Is this the email for invoicing purposes? Yes/No *Please supply email address so you can receive invoices and newsletters. If you do not have access to an email, please let our office know*
Occupation:	Occupation:
Relationship to child:	Relationship to child:
3. Given names:	**4. Given names:**
Surname / family name:	**Surname / family name:**
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:	
Given names:	**Given names:**
Surname / family name:	**Surname / family name:**
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:

♦ Custodial Statement

Are there any custodial arrangements concerning your child?
If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)
Person/s who <u>cannot</u> pick up your child:

Name:	Name:
Name:	Name:

♦ Additional Emergency Contacts (also able to pick up your child):

1. Given names:	**2. Given names:**
Surname / family name:	**Surname / family name:**
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	**4. Given names:**
Surname / family name:	**Surname / family name:**
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Financial Details:

Please circle person to invoice: Mother / Father / Guardian / Other –

Name: _____ Email address: _____

♦ Child's Doctor:	
Name:	Phone:
Name of Medical Centre:	

Health

Note: Children with severe food allergies will need to supply their own food.

Does your child have food allergies that we need to be aware of	*Tick one*	Yes		No	
For staff: If yes Manager notified	*Tick one*	Yes		No	
Food allergy details: -					
Does your child have any special diet we need to be aware of	*Tick one*	Yes		No	
For staff: If yes Manager notified	*Tick one*	Yes		No	
Diet details: -					
Does your child have allergies other than food allergies	*Tick one*	Yes		No	
For staff: If yes Manager notified	*Tick one*	Yes		No	
Allergy details: -					
Does your child have any chronic illness/condition	*Tick One*	Yes		No	
For staff: If yes Manager notified - IHP to be created, Medicine category iii signed in conjunction	*Tick One*	Yes		No	
Illness/condition details: -					
Is your child up to date with immunisations?	*Tick One*	Yes		No	
For staff: Immunisations certificate sighted	*Tick One*	Yes		No	

Category (0) Medicines

A category (0) 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 (0) preparations that will be used.

Do you approve category (0) medicines to be used on your child?	*Tick One*	Yes ☐	No ☐

Name/s of specific category (0) medicines that can be used on my child,

▪ Natures Kiss – Antiflam - Arnica Cream	▪ Anthisan - 2% mepyramine maleate (Insect bites)
▪ Dettol - Antiseptic Liquid	▪ Sudocream - Baby Nappy Balm
▪ Sun 365 SPF 50	▪ Everyday SPF 50

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

♦ Medicine

Category (i) Medicines

Category (i) 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 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 (i) 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. The authorisation must be renewed if the period is extended or circumstances change. Each day the medication is given, parents acknowledge that this was administered to their child. Parental acknowledgement is recorded.

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

Category (ii) Medicines: *To be filled in if your child requires medication as part of an Individual Health Plan (IHP)*

A prescription (such as asthma inhalers, epilepsy medication and so on) or non-prescription (such as antihistamine syrup, lanolin cream and so on) medicine that is: used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema and so on); and provided by a parent for the use of their child only

For staff:				
Individual health plan sighted / created	Yes ☐	No ☐		
Manager notified	Yes ☐	No ☐		
Team Leader notified	Yes ☐	No ☐		
Qualify for a EC12/13 exemption – *if yes complete forms for doctors signing*	Yes ☐	No ☐		

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken (State time or specific symptoms):
(Written or digital Authorisation & Acknowledgement required)

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:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
For 20 Hours ECE fill out boxes below with the hours attested e.g., 6 hours						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						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?

Tick One Yes ☐ No ☐

2. Is your child receiving 20 Hours ECE at any other services? *Tick One* 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 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 is enrolled at, about the information contained in this box.
- If your child is absent for three weeks or more funding will cease on the fourth week and you will be liable to pay the non-funded child daily rate as per fee schedule. If your child is absent because of sickness then a medical certificate will need to be supplied for funding to continue, until normal bookings commence.

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 that he/she is enrolled at Kids Cave Early Learning.

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

♦ Optional Charges

The listed services are optional, not mandatory. I will only be charged if I choose them for my child. The centre will tell parents in advance when these services are planned and how much they cost. Then I can decide whether my child participates or not.

Examples of optional services

- Extracurricular activities – e.g., music or dance classes (price depends on the activity).
- Special excursions – trips outside the centre, including transport and entry fees. E.g., visit to zoo/ performance
- Special food programmes – extra food-related activities or meals.
- Clothing items – such as sun hats or similar items.

I agree / do not agree *(select one)* to pay the optional charge for the activities specified in this enrolment agreement form. If I choose for my child to participate, I agree to **pre-pay** the related costs and centre may enforce payment.

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

♦ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Kids Cave is **not** open on the following public holidays if they fall on a week day. However, Full fees are payable on these days.

New Year's Day	☐	Easter Monday	☐	Labour Day	☐
Day after New Year's Day	☐	ANZAC Day	☐	Christmas Day	☐
Waitangi Day	☐	King's Birthday	☐	Boxing Day	☐
Good Friday	☐	Matariki	☐	Local Anniversary Day	☐

Other information

- **Policy Statement:** Kids Cave Early Learning has a number of policies that set out the procedures 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 agreement form indicates that you will abide by the policies of this service, and understand how you can have input in policy reviews.
- **Parent Information Book**: Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences. During your initial settling visits will be given an "all about me" form to complete.
- **Sun Block:** Sunblock is applied in term one and four at a cost of **$15 per term**. One-off **Portfolio fee** of **$40** apply.
- **Fee schedule terms and conditions:**
- Payment terms: Fees are to be paid one week in advance by automatic payment or direct debit to Kids Cave Early Learning. Failure to comply with this will result in the termination of your child's enrolment of the centre. Outstanding fees will be passed onto debt collections agencies. Agencies costs will be the client's responsibility also.
- Full fees are payable for Statutory Holidays, Holidays, Family Vacations, Sickness, & Absences.
- Late pick up fee: The centre is not licensed to care for your child outside of the opening hours. A penalty of $35 per 15 minutes may be charged if you drop earlier or collect later than your child agreed booked times.
- **Changes & notice periods:** We require **four weeks**' notice in writing if you wish to terminate your child's enrolment. This is payable regardless of your child attending or not. If such notice is not given then you are required to pay fees till termination notice is received.

Should you wish to make changes to your booking, we require two weeks' notice and the completion of the "Change of booking form", which is available from the office. Please ensure you notify the centre in writing and advise Work and Income accordingly if appropriate.

- Discounts are allowed at the sole discretion of the centre and may be withdrawn at any time.
- Discounts will be withdrawn from accounts not paid in accordance with centre policy. Enrolment at this service confirms your acceptance of the terms and conditions on this schedule. Kids Cave Early Learning reserves the right to terminate your booking with one weeks' notice.

I agree to Kids Cave Early Learning fee schedule, all terms and conditions outlined along with parents' fees policy.

Parent/Guardian Signature: _____ Date: _____

Required permission for…

- **Excursions:** I give / do not give permission for my child to be taken on impromptu walks in the vicinity of the centre, within less than 1.5 km of the centre and permission for my child to take part in excursions outside the vicinity of the centre. Under the conditions stated in the services excursion policy, which states the following;
- When children travel in a car there will be two adults if there are more than 3 children in the car and each child will use an approved child restraint.
- When children are taken on excursions the group ratio will be:
  Rūma Nīkau - Infants 1:3
  Rūma Kōwhai – Toddlers 1:4
  Rūma Kauri - Preschool 1:6
  -excursions near water- under two years old 1:2
  -over two years old 1:4

  Prior to children leaving the premises on an excursion, an assessment and management of risk is undertaken.

- **Photo/video:** I give / do not give permission for my child to be photographed for the purposes of assessment, planning and evaluation, and portfolios. This permission extends to students who need photos and documentation for their assignments, with the understanding that all documentation and photos will only be shown to tutors at their learning institute.
- **Social media/marketing:** I give / do not give permission for my child's photo to be on these platforms.
- **Birthday parties:** I understand that the centre cannot guarantee that my child will be excluded from any photos or footage taken by parents on their child's birthday celebrations at the centre. I understand all photos and footage taken by parents will be approved by teachers before parents leave the centre.
- **Hearing and Vision Screening:** These are undertaken by the Ministry of Health once your child is four. A district nurse will come into the centre and undertake basic screening; they will leave a notice of any further action required, Vision and hearing screenings are undertaken in every childcare and Kindergarten in New Zealand. I give/ do not give permission for these vision and hearing checks.

♦ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

I have brought along a copy of my child's birth certificate, passport or a form of identification.

By signing this form, I agree to all terms and conditions of the centre which are located in the parent information book.

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

♦ Service Declaration

On behalf of Kids Cave Early Learning, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____	Date: ____ /____ / ____