

Enrolment Form – Mamas Five Mile Childcare

Child's official surname or Family name: _____

Child's official given name: _____

Child's official other names/middle names: _____

Name your child is known by: _____

Copy of official identity verification document collected by staff:

New Zealand Birth Certificate

Foreign Birth Certificate

New Zealand Passport

Foreign Passport

Other: _____

Staff initials: _____

Date of Birth: ____/____/____ Please provide a copy of your child's Immunisation Certificate.

Ethnicity: _____

Iwi affiliation if Māori: _____

Language spoken at home: _____

Child's primary residential address: _____

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 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

Enrolment Details

Date of Enrolment: _____ **Date of Commencement:** _____ **Date of Leaving:** _____

Day of Week	Time of Arrival	Time of Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Centre Hours are 7.30am to 5.30pm

Morning Only Hours finish at 12.30pm

Afternoon Only Hours commence at 1.00pm

This Enrolment Agreement is inclusive of school term breaks and fees are charged during these times.

Mamas Childcare is closed on all Statutory Holidays and no fees are charged for these days.

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 Mamas Childcare.

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

Parent/Guardian Details

Parent/Guardian's Names: _____

Address: _____

Home email: _____

Telephone: _____ Mobile: _____

Preferred primary contact during day:

Mother

Father

Other

Emergency contact

Most likely daytime phone number: _____

Additional Person/s who can collect your child:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

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 the court order is required):

Persons who **cannot collect** your child from the Centre:

Name: _____ Name: _____

Medical Information

Family Doctor: _____ Phone: _____

Medical information that we should be aware of e.g. allergies: _____

Parental Approval for Administration of Medication

I / We accept that the Centre does not have a trained medical officer to administer medications.

I / We accept responsibility for the decision to give this medication to my/our child, and acknowledge the Centre is in no way responsible for that decision.

I / We indemnify the Centre and personnel against any costs, claims, damages, actions or liabilities which might arise now or in the future from administering or failing to administer the medication at my/our request.

I / We accept that the Centre cannot guarantee that the medication will be given at a precise time or by the same person although every endeavour will be made to do so.

I / We will notify the Centre about any changes to medications, doses, and recommended times when medications are to be administered, and fill out a new request form.

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

Category (ii) Medicines

Category (ii) are prescriptions (such as antibiotics, eye drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific length of time to treat a specific condition or symptom, provided by the parent for the use of that child only or, in relation to Rongoa Maori (Maori plant medicines), that is prepared by other adults in the centre.

I acknowledge that I will give written authority 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:** _____

Category (iii) Medicines

To be completed if your child requires medication as part of an individual health plan, such as an on-going condition like asthma, eczema, diabetes etc and is for the use of that child only

Individual Health Plan: YES / NO

Copy received: YES / 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:** _____

Any additional information teachers should be aware of? (Religion, routines, language etc)

Parent's Work places

Mother's Place of work: _____

Phone: _____ **Mobile:** _____

Email address: _____

Father's place of work: _____

Phone: _____ **Mobile:** _____

Email address: _____

Policy Statement

Mamas Childcare 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 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 to policy review.

Please ensure you have read the information in the Parent Information Pack as it covers such things as fees, subsidies that are available and ways in which we can help your family settle into the Centre.

Information about philosophy, policies, procedures, and a copy of our most recent Education Review Office report can be found in our foyer. Information about policy and philosophy reviews and consultation processes will be detailed in our newsletter to parents.

Information concerning your child's learning and development will be put in their Individual Journey of Learning Profile Book which is available to you and your child at any time. This book is found in your child's class room.

Individual Enrolment Forms will be kept in the office filing cabinet and are available to you on request.

Do we have permission to carry out written observations and use digital images of your child for the purposes of programme planning, assessment and recording? (Students who enter the Centre may wish to observe also.)

YES NO

Do we have permission to use your child's photo on our website?

YES NO

Do we have permission to use your child's photo on our Facebook page?

YES NO

Do we have your permission to take your child out of the Centre on short local outings or walks, adult/child ratio will be 1 adult to 4 children?

YES NO

Do we have permission for the Vision and Hearing Technician to check your child's sight and hearing? You will be informed of her visit to the Centre.

YES NO

Utu Holdings t/a Mamas Five Mile Childcare
Unit 11, Five Mile Retail Centre
PO Box 2884 Wakatipu, Queenstown

We require your permission to share information collected about your child with the teachers employed at the Centre, and Government Agencies such as WINZ, Ministry of Education, Special Education Services and the Children and Young Persons Service. Please sign below.

Parent/Guardian Signature: _____

We require parents to sign/initial the register each day that their child attends.

A non-refundable Enrolment Fee of \$30 is payable upon enrolment.

Fees are to be paid in advance by automatic payment / cash / EFTPOS on the first day of your child's attendance, and then weekly when invoiced.

Your set weekly fee is to be paid for your booked hours regardless of whether your child attends or not. Children are allowed a maximum of 3 week's annual holiday (allocated on a pro-rata basis) when 50% fees are charged.

Each child has 3 free sick days – that is, no charge if the Centre is notified of their absence due to illness by 8am for the morning session or full day, and 11am for the afternoon session. Full fees apply if no notification is received.

Parent Declaration

I, _____ undertake to adhere to the requirements and regulations of the Mamas Childcare, Queenstown and I also undertake to be responsible for the payment of fees on time. I understand that failure to comply with these requirements and regulations could lead to my child's exclusion from Mamas Childcare, Queenstown.

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

I enclose/have direct credited my \$30 Enrolment Fee into

Utu Holdings Ltd t/a Mamas Five Mile Childcare Acc No 02 0948 0287923 000

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

Service Declaration

On behalf of Mamas Childcare, I declare that this form has been checked and all relevant sections have been completed

Service Provider Signature: _____ **Date:** _____

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