

Mamas Childcare Enrolment Form

Child's official surname or Family name: _____

Child's official first name: _____

Child's official middle names: _____

Name your child is known by: _____

Date of Birth: ____/____/____

Copy of official identity verification document collected by staff: *(please circle one)*

New Zealand Birth Certificate		Foreign Birth Certificate	
New Zealand Passport		Foreign Passport	
Other:			
Please provide a copy of your child's Immunisation Certificate.		Immunized	Not Immunized

Child's primary residential address: _____

Accommodation 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

Parent/Guardian Details

We must always be able to contact a guardian whilst your child is in our care please ensure the numbers given work within New Zealand.

Mothers/ Guardians Name: _____

Email: _____

Home: _____ Mobile: _____

Fathers/ Guardians Name: _____

Email: _____

Home: _____ Mobile: _____

Preferred primary contact during the day:

Mother Father Emergency Contact Other: _____

Most likely daytime phone number: _____

If going to the ski fields, please leave their contact details: _____

Additional Person/s who can collect your child:

Name: _____ Phone: _____

Name: _____ 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: _____

Cultural Information about your child:

Ethnicity: _____ Iwi affiliation if Māori: _____

Language/s spoken at home: _____

Religion/ Cultural Beliefs: _____

Any additional information teachers should be aware of? (dietary requirements, routines, etc)

Enrolment Details

I hereby declare my child _____ is attending Mama's Childcare casually from the ___/___/___ until the ___/___/___. 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: _____

First Day Attending: ___/___/___ Last Day Attending: ___/___/___

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

We offer casual bookings between the hours of 8am – 5pm Monday through to Friday availability permitting.

Please ensure your child is dropped off no earlier than your booked time and picked up no later than your booked time. If you require changes to you booking, please call to check availability.

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.

Medical Information

Medical Centre: _____

Doctor: _____ Phone: _____

Medical information that we should be aware of e.g. allergies, health conditions:

Medication

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):

I acknowledge that I will need to update the Centre if/when any changes are made to this plan.

I acknowledge that I will need to confirm my understanding that the medication was administered by signing the medication chart at the end of the day.

Parent/Guardian Signature: _____ Date: _____

Parental Approval for Administration of Medication:

All medication is required to be signed into the Centre and to be kept safely out of reach from children, in doing this you acknowledge the following:

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: _____

Any additional information teachers should be aware of? (dietary requirements, routines, etc)

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.

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 your permission for your child to be a part of our secure online portfolio system EDUCA?

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

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: _____ Date: _____

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

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

A non-refundable Enrolment Fee of \$30 is payable upon enrolment. A casual day fee of \$20 will apply to each day booked and added on to the invoice.

Fees are to be paid in advance for your child's intended attendance by automatic payment / cash / EFTPOS on the first day of your child's attends. All booked hours will need to be paid for regardless of attendance as we have staffed accordingly to maintain child/teacher ratios.

Any earlier drop offs or later pick ups will be charged a "late fee" of \$50 for every 15 minutes or part there of that will require immediate cash payment. An ATM is located outside of ANZ.

Parent/Guardian Signature: _____ Date: _____

Settling

If your child does not settle for any reason, we will call requiring them to be picked up. If after two hours of trying to contact you without success another teacher will be called in to support the teaching team at your cost.

Parent/Guardian Signature: _____ Date: _____

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 and fees into

Utu Holdings Ltd t/a Mamas 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: _____