

Enrolment Form

Aidanfield

Child's details

Child's official surname or family name:		Child's DOB: dd / mm / yyyy	
Child's official given name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's official other names / middle names: <small>please separate names with a comma</small>		Copy of official identity verification document* collected by staff: <input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other _____	
Name your child is known by / preferred name: <small>Surname / family name: _____ Given name: _____</small>			
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____		
Child's primary residential address: _____ Post Code: _____			

Family details

Parents/Guardians			
Given names	Surname/family name	Home	Work
1: _____		Phone: _____ / _____	Mobile: _____
Address: _____			Post Code: _____
Relationship to child: _____		Email: _____	
Given names	Surname/family name	Home	Work
2: _____		Phone: _____ / _____	Mobile: _____
Address: _____			Post Code: _____
Relationship to child: _____		Email: _____	
Does your child attend church <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Church _____			

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 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 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: www.eli.education.govt.nz

* Information about acceptable identity verification documents is available online at www.eli.education.govt.nz

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

Any changes to this form **must** be signed and dated by the parent/guardian

Access

Additional person/s who can pick up your child:				
Given Names:	Phone:	Home	Work	Mobile
Given Names:	Phone:	Home	Work	Mobile
Given Names:	Phone:	Home	Work	Mobile

Emergency

Emergency contacts (also able to pick up your child)					
Given Names:	Phone:	Home	Work	Mobile	
Address:		Number	Street	Suburb	Post code
Given Names:	Phone:	Home	Work	Mobile	
Address:		Number	Street	Suburb	Post code
Family Doctor:	Doctor's Name	Medical Centre	Phone:		

Custodial

Custodial Statement	
Are there any custodial arrangements concerning your child?	Tick one: <input type="checkbox"/> Yes <input type="checkbox"/> No
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:

Health

Is your child up-to-date with immunisations? <small>Please provide a named copy of your immunisation certificate</small>	Tick one: <input type="checkbox"/> Yes <input type="checkbox"/> No
For staff: Immunisation records sighted and details recorded:	Tick one: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any Medical Conditions, Allergies or Health Problems? For example: asthma, diabetes, etc. If so, please list below and discuss with staff if on-going treatment is required.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Medicine

Category (i) Medicines	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
<input type="checkbox"/> Arnica Cream	<input type="checkbox"/> Sunscreen at least 30+
<input type="checkbox"/> Saline Solution	<input type="checkbox"/> Paw Paw Cream for nappy rash
Parent/Guardian Signature: _____	Date: _____
For all other medicines required by your child (short or long term) please see Cornerstone staff.	

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Enrolment details

Date of enrolment: ____ / ____ / ____ Date of entry: ____ / ____ / ____ Date of exit: ____ / ____ / ____

Please Note to be completed with Centre Administrator: 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	Total hours
Times enrolled						

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: _____

20 Hours 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 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.

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 Cornerstone Christian Early Learning Centre.

Parent/Guardian Signature: _____ Date: _____

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I give permission for the following:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Medical attention to be obtained for my child in an emergency. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My child to go on scheduled trips away from the Centre with a ratio of 1 adult to 2 children. (as per centre policy). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My child to be outside the immediate Cornerstone grounds with a ratio of 1 adult to 6 children, for the purpose of visiting places within walking distance in our local community (i.e. trips to Aidanfield Christian school, St John of God and Anthony Wilding Retirement Village). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Photos of my child to be used for advertising purposes (i.e. newsletters, brochures, on our website and to organisations we have visited). | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Parent/guardian phone numbers to be given to other parents if requested. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. To give relevant child details to the Canterbury District Health Board as and when requested by them for the purpose of the Vision and Hearing Testing Service. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. To aid a smooth transition to school, I give permission for relevant information about my child to be shared with the Primary School they will attend. | <input type="checkbox"/> | <input type="checkbox"/> |

Payment of Fees

- I understand that I am to pay fees on a weekly or fortnightly basis unless an agreement is formed between me and the Head Teacher for another timeframe.
- I understand that if my account is in arrears my child's enrolment may be cancelled with one weeks notice.
- I accept that the responsibility for payment of fees rests with me, irrespective of any arrangement with third parties, for example, WINZ, for payment.
- The centre reserves the right to change the fee rates and fee policy at any time following reasonable notification in writing to all affected families.

Late Fee

I acknowledge that if my child is picked up later than the end of a session, this has an impact on the programme and staffing. I may therefore be required to pay a late fee of up to \$10.

Change or Cancellation of Enrolment

I understand that, to meet administrative and staffing demands, one weeks written notice is required to increase my child's enrolment booking and two weeks written notice is required to reduce or permanently cancel my child's enrolment in every case, or at Head Teacher discretion.

Holidays

This enrolment agreement is inclusive of term breaks. Cornerstone Christian Early Learning Centre will be closed for statutory holidays and the second week of term 2 break, and 3 weeks over Christmas (inc. statutory holidays).

I understand that Cornerstone Christian Early Learning Centre is based on the principles and teachings of Jesus Christ and Biblical Truths.

I have understood and agree to all of the terms and conditions of this contract and have provided the appropriate photo copied material that was requested.

For children eligible for the ECE scheme

I understand that if my child attends over 6 hours per day/20 hours per week I will be required to pay the Centre fees.

I agree to the above terms and conditions.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Declaration

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

Parent/Guardian Signature: _____ Date: _____

Service Declaration:

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

Service Provider: _____ Date: _____

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