



# CAMBRIDGE EARLY LEARNING CENTRE – THE CASTLE

## 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:

Copy of official identity verification document\* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**Staff 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:

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 2020. 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: [eli.education.govt.nz](http://eli.education.govt.nz)

\* Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://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.

<b>Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:

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

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

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Additional Emergency Contacts (also able to pick up child):	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

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

Medicine	
<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.	
Note: The service must provide specific information about the category (i) preparations that will be used.	
Do you approve category (i) medicines to be used on your child?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
<ul style="list-style-type: none"> <li>▪ Broad Spectrum Factor 50 Sunblock</li> </ul>	<ul style="list-style-type: none"> <li>▪ Arnica Ointment / Cream</li> </ul>
<ul style="list-style-type: none"> <li>▪ Tui's Natural Bug Balm</li> </ul>	<ul style="list-style-type: none"> <li>▪ Zinc and Castor Oil Cream</li> </ul>
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

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<b>Category (ii) Medicines</b>	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops 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 (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. I also note that written acknowledgement from a parent that the medicine has been administered will need to be signed at the end of the day.	
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:	Tick One: Yes <input type="checkbox"/> No <input type="checkbox"/>
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: ____ / ____ / ____

◆ Enrolment Details:						
Date of Enrolment: ____ / ____ / ____ Date of Entry: ____ / ____ / ____ Date of Exit: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

◆ Dual Enrolment Declaration	
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at CAMBRIDGE EARLY LEARNING CENTRE – THE CASTLE.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

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## ◆ Christmas Holidays / Holidays / Statutory Holidays / Term Breaks

Providing written notice of absence is given either by completing our Holiday Notice form or via email one week prior, each child is entitled to up to two of their weeks at 30% of fees. Any remaining holidays will be at 50% of fees if notification is received prior to 8.30am on the day.

**Please note:** there will be no charge for our closedown period which is usually from 3pm Christmas Eve until the first non-statutory holiday day in January, and there will also be no charge for Statutory Holidays.

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

### Permissions: please indicate below whether you give permission for your child to

- |   |          |
|---|----------|
| ▪ <b>Excursions:</b> permission to leave the Centre in the company of staff for short walking excursions to shops, library etc as per the Centre Trip Policy. The adult to child ratio for these short excursions is no less than 1:4.  | YES / NO |
| ▪ <b>Photo/video:</b> permission to be photographed at play to achieve Centre Programme objectives. The Centre will contact me to gain permission for any photographs to be used outside of the Centre.   | YES / NO |
| ▪ I give permission for teachers to undertake written observations of my child at play in order to satisfy assessment objectives using Storypark as an online portfolio system. I understand that this written work is confidential to the centre teachers and family members.                                      | YES / NO |
| ▪ <b>Storypark:</b> I give permission for Cambridge Early Learning Centre to use Storypark as an online portfolio system for my child.  | YES / NO |
| ▪ I give permission for my child to be in Storypark group stories.  | YES / NO |
| ▪ My current email address I want the Storypark invitation sent to is:<br><br>_____   |          |
| ▪ <b>Vision &amp; Hearing Checks:</b> permission to undertake vision and hearing checks at the Centre when District Health Board professionals visit the Centre.  | YES / NO |
| ▪ In cases of injury, should we not be able to contact you immediately, do you give us permission to call an ambulance if required or alternatively take your child to the Doctor and take the course of action prescribed by the Doctor? (e.g. urgent medical intervention) This will be at the fee payer expense. | YES / NO |

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### Policy Acknowledgement:

- **Policy Statement:** Cambridge Early Learning Centre 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 to policy review. Below are policies that require acknowledgement on enrolment by signing at the base of this section please.
- I will not bring my child to the Centre in the event of sickness, fever or any infectious illness, e.g. chicken pox or conjunctivitis. Diarrhoea and/or vomiting must have ceased for at least 24 hours before children return to the centre.
- I will not bring my child to the Centre until 24 hours after antibiotic treatment has commenced, if these have been prescribed.
- I have had the Centre procedure for administering medicines explained.
- I have had explained to me the Centre policy on the monitoring of sleeping children and agree with the procedure (this can be found displayed on all sleep room doors in the centre).
- I acknowledge that if my child has special dietary requirements I will provide the Centre with substitute food items.
- I agree to give 10 days (2 weeks) notice before withdrawing my child from the Centre.
- I agree to pay 2% interest per month on fees overdue one month or more and agree to pay any costs incurred by the Centre in the recovery of my overdue fees.
- **SIGNED:**

### ◆ Parent Declaration

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

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

### ◆ Service Declaration

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

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Version: November 2020

**Civil Defence Emergency Information:**



The Centre has an emergency plan for evacuation should a civil defence emergency occur. An important part of the plan is the policy of not releasing children after an emergency to anyone other than those persons nominated by the parents. It is also important that we have emergency contact, medical, dietary and other information on hand in our emergency kit (as distinct from the enrolment information kept elsewhere in the building.)

Please complete the information below

Child's Name \_\_\_\_\_

Parent/s Name \_\_\_\_\_

Home address \_\_\_\_\_

Phone \_\_\_\_\_

(Please also include any mobile numbers)

Work Address/es \_\_\_\_\_

Work Phone \_\_\_\_\_

Please give at least two names and details of those authorised to collect you child in an emergency. These people should be able to get to the Centre reasonably easily in an emergency.

Name and Relationship	Address	Phone
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1.

2.

Does your child have any medical conditions or dietary requirements we should know about in case of an emergency (asthma, diabetes, food allergy) YES / NO

(Please circle your answer)

If YES please give details of the condition below including any special procedures, names of medicines and dosages required.

Signed:

Date:

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