

TE ANAU CHILDCARE CENTRE INC
Trading as

SOUTHERN STARS EARLY LEARNING CENTRE

◆ 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: / /

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 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.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

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.

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:	Email:
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):

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:

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Additional Emergency Contacts (also able to pick up 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:

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

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

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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.	
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? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
▪ PAW PAW OINTMENT	▪ SUDOCREAM
▪ ARNICA CREAM	▪ BEPANTHEM
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

Category (ii) Medicines	
Category (ii) 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 (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 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.	
For staff: Individual health plan sighted and a copy taken: <i>Tick One:</i> 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: ____ / ____ / ____

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◆ Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks.

Southern Stars Early Learning Centre is **NOT** open on public holidays if they fall on a weekday. (Except for Southland Anniversary Day which is observed during the Christmas Closedown)

New Year's Day	NA	Easter Monday	NA	Christmas Day	NA
Day after New Year's Day	NA	ANZAC Day	NA	Boxing Day	NA
Waitangi Day	NA	Queen's Birthday	NA	Local Anniversary Day	NA
Good Friday	NA	Labour Day	NA		

Required Information for Licensing Purposes

- **Excursions:** I give permission for my child to take part in local excursions within a 1km radius of Southern Stars Early Learning Centre, (excluding the lake) e.g the Library, town centre, Primary school, Kindergarten, Fire Station, Police Station, Events Centre, adjacent park to SSEL, and participation in Bike days. I understand that the minimum teacher to child ratio will be 1:4 for Over Two's and 1:2 for Under Two's

Tick One Yes No

- **Sleep Room:** The sleeping facilities have been viewed and the sleeping policy read.

Tick One Yes No

- **Photo/Video:** Permission for the child to be photographed for the purposes of assessment, planning and evaluation

Tick One Yes No

- **Photo/Video:** Permission for promotional use, including our Website, while the child is attending the Centre.

Tick One Yes No

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Other information

- **Policy Statement:** Southern Stars 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.
- **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. You can use that attached from if you wish.
- **Your Expectations:** To ensure we are giving the best care and education possible, we welcome your thoughts. Please feel free to use the blank page at the back of this form to record the aspirations you have for your child while at the Centre. Also please feel free to speak to any of the teaching staff at any time.
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.

◆ 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 Southern Stars 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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Fees Agreement

- In signing this enrolment form I agree to pay the fees on the basis of the fee schedule that is current at the time and I will pay in accordance with the Fee Policy of the Centre.
- I acknowledge and agree to pay the appropriate fee for an enrolled day (according to the Cancellation policy as shown in Parent and Policies Handbooks) if unable to attend.
- I accept the “late pickup fee” for each 15 minutes (or part thereof) late after my child’s booked time.
- I understand there is a charge for any and all absences (according to the Cancellation policy as shown in the Parent and Policies Handbooks).
- I agree to pay Fees by Internet Banking/Cash/Cheque/Direct Debit.

Fee Payment Responsibility

- I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published policies and fee rates.
- I understand and accept that irrespective of any arrangement with any third party (eg other adult, Work and Income Support Services, Accident Insurance, Trusts or Budget Services, etc) to pay the fees. The full responsibility to pay remains with me.
- I understand and accept that my child’s enrolment may be forfeited if I fail to pay fees in accordance with the Centre Policy.
- I understand that where my account is in default the Centre may agree to enter into an arrangement to pay off the amount over a term agreeable to the Centre, I understand that there is no obligation upon the Centre to do this.
- I shall undertake to pay the account in full on or before the due date. In default of such prompt payment, I will then undertake to pay late payment fees of 2.5% per month on any amount outstanding and to compensate the Child Care Centre and pay all costs and expenses on a solicitor and own client basis if legal action is necessary, and/or Debt Collection Agency Fees which the Centre may incur in recovering any overdue amounts.

Fees Effective as at 1st October 2013 (subject to change)

	One Child	Two Children	Three Children	Casual Tourist
Per Hour	\$5.95	\$8.95	\$11.95	\$10.00

To receive the 2nd/3rd Child rate children must attend at the same time

Signed Date

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Southern Stars Early Learning Centre

Credit Application Form

Applies to Monthly accounts – should your application not be accepted, payment will be required in advance of children attending the Centre

Surname First names

Address..... Vehicle registration.....

.....
.....
.....

Occupation of main Income Earner.....

Employers Name Phone Number

Address.....

.....
.....

Two other contacts (These must be different to the above)

Name Name.....

Address..... Address

.....

Phone Phone

I agree to terms and conditions as per the Enrolment Handbook.

Sign Date

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

Te Anau Childcare Centre
trading as



18 Luxmore Drive, Te Anau

Phone/Fax: (03) 249 7858

e-mail: southernstars@callplus.net.nz

I, Agree to pay Southern Stars Early Learning Centre a Bond on enrolment, of \$150. I understand that this Bond will be refundable, less any outstanding monies owing, on departure of my child/children from the Centre.

Signed
(Parent/Guardian)

Date

Signed
(For and on behalf of Southern Stars Early Learning Centre)

Date

Refunded

Date.....

Signed
(Parent/Guardian)

Signed
(For and on Behalf of Southern Stars Early Learning Centre)

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