



Sallywaggs Senior Kindergarten

Enrolment Agreement Form

Child:

Child's first names:

Surname:

Name your child is known by:

Child's date of birth:

Male

Female

Ethnic origin:

Iwi your child belongs to:

Child's home address or addresses:

Postcode

Parents / Guardians:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Emergency Contacts:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

| | |
|-----------------|-----------------|
| First Names: | First Names: |
| Surname: | Surname: |
| Address: | Address: |
| Post Code: | Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |

Doctor:

| | |
|----------|--------|
| Name: | Phone: |
| Address: | |

Enrolment Details:

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Please Note: 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 | |
| Times Enrolled: | | | | | | Total number of hours: |

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

| | | | | | | |
|---------------------------------|--|--|--|--|--|------------------------|
| 20 Hours ECE at this service | | | | | | Total number of hours: |
| 20 Hours ECE at another service | | | | | | Total number of hours: |

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

20 Hours ECE 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 sign to 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: ___ / ___ / ___

Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks.

Sallywaggs Senior Kindergarten is NOT open on public holidays.

Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Sallywaggs Senior Kindergarten.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

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 may not pick up your child:

Name:

Name:

Name:

Name:

Person/s who can pick up your child:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Health

In the event of an accident, do you authorise Scallywaggs Senior Kindergarten staff to seek medical advice and/or treatment at your expense? Please Tick YES NO

Allergies

Does your child have any allergies which Scallywaggs Senior Kindergarten needs to be made aware of?

Please provide us with full details:

Type of allergy and severity?

Signs and symptoms of exposure?

Action required?

Immunisation:

Is your child up-to-date with immunisations? Tick One Yes No

(Please provide verifications of all immunisations)

Immunisations record sighted and details recorded: Tick One Yes No

Medicine

Category (i) Medicines - Scallywaggs Senior Kindergarten provides the following category (i) medications

A category (i) medicine is a non-prescription preparation 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? Tick One Yes No

Name/s of specific category (i) medicines that can be used on my child, **provided by service**:

▪ Arnica Cream

▪ Aqueous Cream

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.

Individual health plan completed and signed: Tick One 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: ____ / ____ / ____

| Required Information for Licensing Purposes | |
|--|--|
| <ul style="list-style-type: none"> I agree to my child being taken for regular outings or excursions to other areas within the Scallywaggs complex i.e. Paddock, Orchard, Adventure Playground, Toy Town, Hall, Rope Course and other centres? | Please Tick Yes <input type="checkbox"/> |
| <ul style="list-style-type: none"> I agree to my child leaving the licensed premises for regular outings or excursions while receiving education and care from Scallywaggs Senior Kindergarten under the excursion policy? | Please Tick Yes <input type="checkbox"/> |
| <ul style="list-style-type: none"> I agree not to bring my child to Scallywaggs Senior Kindergarten in the event of sickness, an infectious illness e.g. vomiting and/or diarrhoea (exclusion 48 hours after symptoms cease), measles, conjunctivitis, etc., or if infected with head lice. | Please Tick Yes <input type="checkbox"/> |
| <ul style="list-style-type: none"> Photo / Video: I give permission for my child to be photographed for the purpose of assessment, planning and evaluation. Photographs will be taken on a centre owned and based camera with all digital copies retained within Scallywaggs. Copies are available upon request. | Please Tick Yes <input type="checkbox"/> |
| <ul style="list-style-type: none"> Ministry of Education Funding Expenditure – Scallywaggs receives funding from the Ministry of Education. A record of this expenditure is displayed on the Parent Information Board outside of the main office. | |

| Other information |
|---|
| <ul style="list-style-type: none"> Policy Statement: Scallywaggs Senior Kindergarten has a number of policies that set out the procedures which 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. |
| <ul style="list-style-type: none"> Parent Information Pack: Please ensure you have read the information in the Parent Information Pack as it can help you and your child settle into the service. |
| <ul style="list-style-type: none"> Privacy Statement: All personal information on your child will be kept secure and remain confidential. |
| <ul style="list-style-type: none"> Child's strengths, interests and preferences: Please let us know us about your child's strengths, interests and preferences. |
| <ul style="list-style-type: none"> Birthdays: Do you give permission for Scallywaggs to send your child's name and birth date to Central FM to be announced in the birthday calls on the Children's Hour Sunday morning between 7am & 8am? |
| Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Fees | |
|---|--|
| Under 2's \$7.50 per hour Casual \$ 10.00 per hour | effective October 4 th 2010 |
| Over 2's \$5.00 per hour Casual \$7.50 per hour | effective October 4 th 2010 |

| 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 Scallywaggs I declare that this form has been checked and all relevant sections have been completed. |
| Service Provider Signature: _____ Date: ____/____/____ |

| | | | | | | |
|---|--------|---------|-----------|----------|-----------------------|-------|
| Change of Days/Times of Enrolment: | | | | | | |
| Effective Date of Change: ____ / ____ / ____ | | | | | | |
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Times Enrolled: | | | | | | Total |
| For 20 Hours ECE fill out boxes below | | | | | | |
| 20 Hours ECE at this service | | | | | | |
| 20 Hours ECE at another service | | | | | | |
| Number of paid hours | | | | | | |
| Total hours at \$ _____ per hour = \$ _____ per week | | | | | Your payment per week | |
| Work & Income Childcare Subsidy hours | | | | | | |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____ | | | | | | |

| | | | | | | |
|---|--------|---------|-----------|----------|-----------------------|-------|
| Change of Days/Times of Enrolment: | | | | | | |
| Effective Date of Change: ____ / ____ / ____ | | | | | | |
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | |
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| For 20 Hours ECE fill out boxes below | | | | | | |
| 20 Hours ECE at this service | | | | | | |
| 20 Hours ECE at another service | | | | | | |
| Number of paid hours | | | | | | |
| Total hours at \$ _____ per hour = \$ _____ per week | | | | | Your payment per week | |
| Work & Income Childcare Subsidy hours | | | | | | |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____ | | | | | | |