



<b>Parents / Guardians:</b> please list in order of preferred contact for emergencies	
<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>3. Given names:</b>	<b>4. 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>Emergency Contacts:</b> (in addition to those listed above)	
<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):
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):

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

Custodial Statement	
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:

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) To what age? _____	
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
In the event of an accident or emergency involving my child, I/we authorize the Centre to seek such advice or treatment as it deems necessary in the best interests of my/our child, while making all efforts to contact a parent/guardian <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.	
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, <b>provided by service:</b>	
<ul style="list-style-type: none"> <li>▪ Arnica Cream (topically for small bumps and bruises) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li>▪ Petroleum Jelly / Vaseline (Used for emergency nappy rash and sticky noses) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
<ul style="list-style-type: none"> <li>▪ Insect repellent (to prevent insect bites) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li>▪ Vicks Vapo Rub (applied to body to help with blocked noses) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
<ul style="list-style-type: none"> <li>▪ Sunscreen (used for sunburn protection (Please supply your own if your child has sensitive skin) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li>▪ Any medications you may want us to use regularly that you have supplied add here please _____</li> </ul>
<ul style="list-style-type: none"> <li>▪ Swedish Bitters cream, for itchy bites and hives <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

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**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 Health / Allergy Plans:**

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:

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)

**Staff:** Allergy plan completed and sign: Yes/No

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Doctor:**

Name:

Phone:

Name of medical centre:

Address:

## Disaster Response/ Civil Defence Information:

As part of our disaster response planning it is vital that we know if you will be available/contactable in an emergency or if you are likely to be part of the response team working on that emergency (e.g. earthquake, volcanic eruption, flooding)

Are any of your listed parents/guardians likely to be part of an emergency response team?  Yes  No

If yes, who of the already listed contacts would you nominate as the best contact person for your child for immediate action? (Please state the number next to their name) \_\_\_\_\_

If we are unable to contact you or you are unavailable because you are part of an emergency response team, do we have permission to:

- Keep your child with us in the centre if that is possible?  Yes  No
- Remove your child to a designated place of safety if we are asked to evacuate New Plymouth? (At this time this would be Inglewood Childcare Centre on Rata St, Inglewood)  Yes  No

Is there anything else we should know about in relation to this issue? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ◆ Statutory Holidays / Term Breaks

- This enrolment agreement is **inclusive** of school term breaks.
- Kinderen is closed on all public holidays normal fees apply.
- Kinderen has annual shut down the Christmas period for which you are not charged any fees. The Administration Manager can provide you with dates.

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**◆ Enrolment Details:**

WINZ Subsidy?  Yes  No

Date of Enrolment: \_\_\_ / \_\_\_ / \_\_\_ Date of Entry: \_\_\_ / \_\_\_ / \_\_\_ Date of Exit: \_\_\_ / \_\_\_ / \_\_\_

**Please Note: At 31 Buller Street three and four year olds are entitled to 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. Kinderen supplies a number of non-government funded extras that need to be recovered through optional charges.**

Date ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled: ie: 9am – 1pm						Total hours:

Date ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled: ie: 9am – 1pm						Total hours:

**◆ 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 Kinderen Daycare Centre Ltd.

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

### Required Information for Licensing Purposes and Curriculum activities

<ul style="list-style-type: none"> <li>▪ <b>Excursions:</b> permission for staff to take your child on visits out of the centre. The staff/child ratio will be the same as for their time in the centre unless by the water at which time it will be 1 to 2. Children are sometime taken for walks in the local community. (Permission for outings in van will be required before the excursion takes place)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ <b>Photo/video:</b> permission for the child to be photographed for the purposes of assessment, planning and evaluation in accordance with Kinderen's privacy policy.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ <b>Social Media:</b> Kinderen has both private and a public profiles on facebook. We use this to keep you posted on upcoming events and show snippets from our days /trips. Do you give permission for photo's that may contain your child to be used on Kinderen's facebook pages?</li> </ul>	Public <input type="checkbox"/> Yes <input type="checkbox"/> No  Private <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ <b>Online Portfolios:</b> Teachers use <b>Storypark</b> to create and regularly update individual portfolios online for your child. These belong to you and show an in-depth record of your child's learning here at Kinderen. Costs for producing the documentation in these portfolios is \$ 5.00 per term.  Alternatively you could inquire about a paper portfolio for the same cost if you have no online access</li> </ul>	<b>Online Portfolios</b> <input type="checkbox"/> Yes <b>Paper</b> <input type="checkbox"/> Yes
<b>Written Permissions for advertising materials</b>	
<p>We would love to use a selection of photographs of Kinderen children in our advertising either in newspapers or Newsletters and calendars. We need your permission to do this and would appreciate it if you could fill out the boxes below to confirm this. If you would prefer not to have your child's photo used this is not a problem, just cross out the No option below</p>	
<ul style="list-style-type: none"> <li>▪ Newspapers and websites</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ Client handbook and brochures</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ Calendars</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Other information possible to include on this Enrolment Agreement Form

<ul style="list-style-type: none"> <li>▪ <b>Policy Statement:</b> Kinderen Daycare Centre Ltd 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.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Privacy Statement:</b> All personal information on your child will be kept securely and remain confidential.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Parent/caregiver Information Book:</b> Please ensure you have read the information in the parent/caregiver 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 Kinderen.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Child's strengths, interests and preferences:</b> Please continue to tell us about your child's strengths, interests and preferences during the period of your child's enrolment. A form will be included with this enrolment pack that needs to be returned along with this agreement.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Transitional to School Program:</b> Kinderen runs an optional program for all four years to help ease the transition to school. It focuses on numeracy, literacy, self-help skills, social skills, following multiple instructions, risk assessment etc. <i>For more information please ask for a 'Transition to School' information package.</i></li> </ul>

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### Term of this agreement

Unless otherwise specified elsewhere in this document this agreement applies for the period from which it is first signed until and will last until the child leaves the centre.

### ◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge. I understand that this is a legal and binding contract

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

### ◆ Service Declaration

On behalf of Kinderen Daycare Centre Ltd I declare that this form has been checked and all relevant sections have been completed.

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

***A copy of this agreement will be supplied for you  
on acceptance of your child's place.***



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