

Sunny Days Child Enrolment Form

30-32 Barker Rd, Marewa, Napier

Office Use: NSN



Licensed Early Childhood
Education and Care 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: 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 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)

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

Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:
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?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One 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 :	
▪ Arnica Cream	▪ Sunscreen
▪	▪
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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◆ 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 hours:
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at Sunny Days						Total hours:
20 Hours ECE at another service						Total 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 Sunny Days?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> ▪ 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 Sunny Days
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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◆ Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks.
Sunny Days is closed for all Public Holidays and for a period of time over Xmas and New Year.

Policies

- **Policy Statement:** Sunny Days 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.

Agreement to Terms

- Sunny Days staff are responsible for this child only during enrolled attendance and I am responsible for seeing that this child gets to and from the Centre safely.
- Sunny Days staff reserve the right to seek professional guidelines in cases of suspected child abuse.
- A licensed van driver who has undergone a Police Security Check will be responsible for children who are picked up and dropped off outside of enrolled attendance.
- I will be required to give written consent for any excursion on which this child is required to travel by motor vehicle/bus/train etc.

I give permission:

Please Tick

I give permission:	Please Tick	
For this child to go on regular excursions, e.g. neighbourhood walks / outings as stated in the excursion policy.	Yes	No
For my address to be made available for mailing purposes.	Yes	No
For this child's name to be published in Sunny Days newsletters.	Yes	No
For this child to be photographed /videoed for the purposes of assessment while at the Centre.	Yes	No
For staff to change his/her soiled or wet clothing when necessary.	Yes	No
For this child to be taken to an alternate emergency location e.g. civil defence centre, in the event of an emergency.	Yes	No

Credit Agreement

- I agree to pay Sunny Days on receipt of invoice and understand that care at Sunny Days will cease if not paid.
- I accept that outstanding debts may incur extra costs such as penalty interest, collection costs / fees and may be sent to Collections or Court for recovery and that contact details from this application may be furnished.
- I am willing for information to be provided for a credit reference.
- I agree to talk to Sunny Days staff and arrange a clear payment plan if I am unable to pay.

My preferred form of payment will be: (please circle)

A/P Eftpos (*Available only at Napier Family Centre*) Cheque Cash Direct Debit Internet Banking

I would like to have my fortnightly invoice/statement: (*please circle*) EMAILED POSTED

Parent/Signature _____ Date ____/____/____

WINZ Subsidy Are you applying for a childcare subsidy? YES How many hours? NO

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◆ 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 Sunny Days I declare that this form has been checked and all relevant sections have been completed.

Signature for Sunny Days: _____ 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 Sunny Days						
20 Hours ECE at another service						

Parent/Guardian 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 Sunny Days						
20 Hours ECE at another service						

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

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

Permission to use images of my child for publicity purposes.

I give/do not give permission for pictures or videos of my child to be used for publicity of Sunny Days or its parent organisation Napier Family Centre.

If giving permission please understand that the pictures may be used:

- In material such as advertisements, newspapers, newsletters, brochures, posters, reports that are published as printed material as well as online – websites, blogs, and in future possibly Napier Family Centre or Sunny Days social media (e.g. facebook) sites.
- In material distributed and circulated after my child has ceased attending Sunny Days.

For examples of where your child's picture may be used please ask the Centre Manager and also look online at sunnydays.org.nz and napierfamilycentre.org.nz

Please be aware that this permission is for both printed and online material as often printed material is published online. You can change your permission but we cannot recall publicity material already distributed.

We love to show off Sunny Days and the children enjoying the Centre and we respect your child's privacy.

Child's Name _____

Parent/Guardian _____

Signature _____ Date _____