



# Giggles and Scribbles Enrolment Agreement Form

## ◆ Child's Details:

Child's Official First Name:		Child's Official Surname:	
Child's Official Other Names/Middle Names: Please separate names with a comma):			
Name your child is known by / preferred name:		Given Names:	Surname:
Copy of Official Identity Verification Document Collected by Staff:			
<input type="checkbox"/>	New Zealand Birth Certificate	<input type="checkbox"/>	Foreign Passport
<input type="checkbox"/>	New Zealand Passport	<input type="checkbox"/>	Foreign Birth Certificate
<input type="checkbox"/>	Other: _____	<b>Staff Initials:</b>	
Child's date of birth: dd / mm / yyyy		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Ethnic origin:			
Iwi your child belongs to:			
Language/s spoken at home:			
Child's home address or addresses:			
			Postcode
Primary School my Child will likely attend:			

## ◆ Privacy Statement:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number\* to your child, and to allow
- the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

\* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at

National Student Number (NSN) » NZQA

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at:

National Student Numbers (NSN) – Education in New Zealand

**The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.**

<b>◆ Parents / Guardians:</b>	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Place of Work:	Place of Work:
Email:	Email:
Relationship to Child:	Relationship to Child:

<b>◆ Emergency Contacts: other than parents/guardians. (also able to pick up child)</b>	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to Child:	Relationship to Child:
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Relationship to Child:	Relationship to Child:
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Relationship to Child:	Relationship to Child:

◆ Doctor:	
Name:	Phone:
Name of Medical Centre:	

◆ 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 cannot pick up your child:	
Name:	Name:
Name:	Name:

◆ 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.						
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	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"> <li>Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>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.</li> </ul>	

**Privacy Statement:** All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

- 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.
- Providing two weeks written notice is provided to the centre, a 50% discount is offered for a maximum of 3 weeks holiday a year.
- The centre is closed for two weeks over the Xmas break. No charge is payable during this period.
- No fees are payable for public holidays.
- After 3 consecutive weeks of absence, you are not entitled to any Ministry of Education or WINZ subsidy. Full fees are charged after this period until your child returns to the centre.

### ◆ Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same time that he/she is enrolled at Giggles and Scribbles Early Learning Centre.

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

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

### ◆ Health

Does your child have any known allergies or intolerances?

Tick  
One

Yes

No

Please provide details if yes:

Does your child have a long term-term illness?

Tick  
One

Yes

No

Please provide details if yes:

Does your child have any additional needs?

Tick  
One

Yes

No

Please provide details if yes:

<b>◆ Permissions (please cross out any statements you do not give permission for)</b>	
<input type="checkbox"/>	I give permission for my child's photo to be posted on the Giggles and Scribbles Whanau Community Page on Storypark.
<input type="checkbox"/>	I give permission for my child's photographs and/or videos to be taken of my child for the purposes of centre displays, assessment and child or centre profile books.
<input type="checkbox"/>	I give permission for SPF 50, NZ approved sunscreen to be applied to my child. I have read and understood the Sun Safety Policy, which includes my obligation to ensure my child has sunscreen applied 30 minutes before they attend Giggles and Scribbles Early Learning Centre.
<input type="checkbox"/>	I give permission for my child to be taken to an alternative location in the event of an emergency, eg civil defence post.
<input type="checkbox"/>	I give permission for staff to make written observations of my child while participating in the programme, for the purpose of assessment and programme planning which is documented on Storypark.
<input type="checkbox"/>	I give permission for staff to apply basic first aid to my child.
<input type="checkbox"/>	I give permission for staff to seek medical attention in the event my child is unwell or has an accident or injury. This may include but is not limited to, calling an ambulance or Healthline.
<input type="checkbox"/>	I consent for the staff at Giggles and Scribbles Early Learning to share my child's details and information with CDHB Vision and Hearing Testing, for the purposes of a Before School Check and my child's enrolled Primary School.
<input type="checkbox"/>	I give permission for staff to change my child's nappy or clothing if required.
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>◆ Fee Schedule &amp; Conditions</b>	
<input type="checkbox"/>	I agree that I will pay fees fortnightly, which are non refundable and will give a minimum of 3 weeks' notice if I wish to reduce my booking or withdraw my child from the service.
<input type="checkbox"/>	I understand that if my child is collected after their booking out time or dropped off before their booking in time and I have not made any prior arrangements with the centre, I will be charged a fee of \$3.75 per 15 minutes.
<input type="checkbox"/>	I understand that if my child is collected after closing which is 5.30pm, I will be charged a \$30.00 per 15 minutes late fee.
<input type="checkbox"/>	I agree to pay for fees when my child is sick.
<input type="checkbox"/>	I acknowledge that my child's booking can be cancelled if fees remain outstanding after four weeks.
<input type="checkbox"/>	I understand there is a 10% penalty added to any unpaid invoice after four weeks.
<input type="checkbox"/>	I agree to pay any costs incurred by a Debt Collection Agency because of non-payment of fees and Giggles and Scribbles Early Learning Centre needing to take action for unpaid accounts. I acknowledge my name and contact details may be shared with the Debt Collecting Agency to enable them to initiate formal collection processes.
<input type="checkbox"/>	I agree to pay a non-refundable \$100 enrolment fee.
<input type="checkbox"/>	I understand that Giggles and Scribbles Early Learning Centre has the right to terminate this Enrolment Agreement in line with the Termination of Enrolment Policy. Giggles and Scribbles Early Learning Centre may terminate the enrolment agreement for such things (but not limited to) non-payment of fees, abusive or threatening behaviour towards a staff member or child, repeated violent behaviour from an enrolled child that may put others at risk, or where the enrolled family repeatedly fail to comply with Giggles and Scribbles Early Learning Centres policies and procedures.
<input type="checkbox"/>	I understand we are not charged for pre-entry visits but should I withdraw my child from Giggles and Scribbles Early Learning Service prior to starting officially at the centre, I will be charged and agree to pay \$10.00 per hour for any hours attended for settling visits.

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

### ◆ Other information

▪ **Policy Statement:**

Giggles and Scribbles Early Learning Centre has a number of policies that outline the procedures in place for the care and education of the children who attend. We strongly encourage you to read these on Storypark. Signing this enrolment agreement indicates that you agree to abide by the policies of the service and understand how you can contribute to policy review.

- Please refer to Storypark to view the Food and Nutrition and Food Safety Policy, which includes a copy of the Ministry of Health publication *Reducing Food-Related Choking for Babies and Young Children at Early Learning Services*. I hereby declare that I have read and understood the requirements outlined in this document.
- Parents are required to provide separate permission for their child to attend centre excursions prior to any excursion outside of the centre's licensed space. For further information, please refer to the Excursions Policy on Storypark.
- Any medicines requiring a kaiako to administer to your child while attending the centre will require a Health Plan to be completed prior to administration, in accordance with our Medicines Policy, which can be viewed on Storypark.
- For exclusion periods relating to illness, please refer to the Infectious Diseases Policy on Storypark.
- Notification of any incidents, illnesses, or injuries will be sent to you via our reporting system, 1Place. Please refer to the Incidents, Illnesses, and Injuries Policy on Storypark for further information.

Parent/Guardian Signature:

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

### ◆ 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 Giggles and Scribbles Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

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