



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: _____	Staff Initials:	
Child's date of birth: dd / mm / yyyy	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Postcode
Ethnic origin:			
Iwi your child belongs to:			
Language/s spoken at home:			
Child's home address or addresses:			
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.

◆ Parents / Guardians:

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.

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:
Receive Text Message Notifications: Y/N	

◆ Emergency Contacts: other than parents/guardians. (also able to pick up child)	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home/Work):	Phone (Home/Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to Child:	Relationship to Child:
Person/s who can pick up your child: Additional to parent/guardian and emergency contacts.	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home/Work):	Phone (Home/Work):
Relationship to Child:	Relationship to Child:
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home/Work):	Phone (Home/Work):
Phone (Mobile):	Phone (Mobile):
Relationship to Child:	Relationship to Child:

Privacy Statement: All personal information on your child will be kept securely and remain confidential.
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◆ 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 No

2. Is your child receiving 20 Hours ECE at any other services?

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.

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- 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:

♦ Food Safety

I hereby declare that I have been provided with and have read and understood the Food and Nutrition Food Safety Policy, which contains a copy of the Ministry of Health: Reducing Food-Related Choking for Babies and Young Children at Early Learning Services pamphlet.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

♦ 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 centre 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, supplied by Giggles and Scribbles Early Learning Centre:

▪ Arnica Cream (Naturopharm, Weleda or Nature's Kiss)	▪ Antiseptic Liquid & Cream (Savlon or Health E)
▪ NZ Approved SPF 50 Sunblock (Nivea Sun Moisture Lock 50+ or Smart 365 SPG50+)	▪ Sudocreme
▪ Saline Solution (Demo S.A)	

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Category (ii) Medicines

A category (ii) are medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as Weleda teething powder, 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 Maori (Maori 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 of specific symptoms/circumstances) medicine is to be given. Only medicines that have a prescription label with your child's name on the medicine, can be administered by a staff member.

I acknowledge Giggles and Scribbles Early Learning can only administer paracetamol, paracetamol or ibuprofen as part of a pain management plan and that a child requiring these medicines for illness, should remain home until asymptomatic and well in themselves.

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:

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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◆ Permissions (please cross out any statements you do not give permission for)

- I give permission for my child to leave Giggles and Scribbles Early Learning Centre in the company of staff on walking excursions as part of the Giggles and Scribbles Programme with a minimum ratio of 1:6 for over 2's and a 1:3 for under 2's. Walking excursions include the local parks and Lincoln township walks. I give permission for my child to participate in an excursion to the centre's car park with a minimum ratio of 1:7 for over 2's and 1:4 for under 2's. Car park excursions include Library bus visits and bike days.
- I give permission for my child to take part in regular excursions (under the conditions stated in the excursions policy). Information and a permission slip will also be sought from parents/guardians prior to all planned excursions (excluding walking excursions).
- I give permission for my child's photographs to be used for Giggles and Scribbles promotional and advertising medium such as the Giggles and Scribbles website, and newspaper advertising.
- I give permission for my child's photo to be posted on the Giggles and Scribbles Whanau Community Page on Storypark.
- I give permission for my child's photographs to be used for centre displays and child or centre profile books.
- 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.
- I give permission for my child to be taken to an alternative location in the event of an emergency, eg civil defence post.
- 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.
- I give permission for staff to apply basic first aid to my child.
- 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.
- 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.
- I give permission for staff to change my child's nappy or clothing if required.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Fee Schedule & Conditions

- 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.
- 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.
- 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.
- I agree to pay for fees when my child is sick.
- I acknowledge that my child's booking can be cancelled if fees remain outstanding after four weeks.
- I understand there is a 10% penalty added to any unpaid invoice after four weeks.
- 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.
- I agree to pay 50% of fees charged in the event of an emergency closure for the first week of closure only.

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- I agree to pay a non-refundable \$100 enrolment fee.
- 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.
- 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.
- Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Other information

- Policy Statement: Giggles and Scribbles 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 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: ____ / ____ / ____

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