

# ENROLMENT CHECK LIST



**Enrolment form**

Form must be complete and signed

**Attendance and fee agreement**

Form must be complete and signed

**Automatic payment form**

Form must be complete and signed

**Immunisation record**

Copy from the doctor signed

**Free ECE attestation form**

Form must be complete and signed

**WINZ subsidy application** – confirmation of application lodged

This form needs to be submitted to your local WINZ office

# ENROLMENT FORM

## HOWICK KAURI KIDS



### CHILD DETAILS

Full name: ..... Preferred name: .....

Date of birth: ..... Gender: M  F

Siblings attending: ..... Language spoken: .....

Child's home address: .....

Ethnicity and culture:  NZ Maori (Iwi: ..... )  NZ European  Tokelauan  Niuean  
 Tongan  Cook Is. Maori  Samoan  Fijian  Indian  
 Chinese  Other Asian  Other Pacific  Other European

Iwi your child belongs to .....

Is there anything else we should know about your child's ethnicity, religion or culture so we can ensure the best care and understanding? .....

Child's home address or addresses: .....

### PARENT/GUARDIAN 1

Full name: .....

Address: .....

Day phone number: .....

Phone (home): .....

Phone (work): .....

Phone (Mob): .....

Email: .....

Relationship with child: .....

Authority to pick up Yes  / No

### PARENT/GUARDIAN 2

Full name: .....

Address: .....

Day phone number: .....

Phone (home): .....

Phone (work): .....

Phone (mob): .....

Email: .....

Relationship with child: .....

Authority to pick up Yes  / No

### EMERGENCY CONTACTS 1

First and last name: .....

Relationship with child: .....

Address: .....

Phone (home): .....

Phone (work): .....

Phone (mob): .....

Authority to pick up Yes  / No

### EMERGENCY CONTACTS 2

First and last name: .....

Relationship with child: .....

Address: .....

Phone (home): .....

Phone (work): .....

Phone (mob): .....

Authority to pick up Yes  / No

### CHILD MEDICAL INFORMATION

Doctor name: .....

Address: .....

Medical facility: .....

Phone number: .....

Allergy or medical conditions: .....

Immunisation certificate supplied: Yes  (Please ensure a copy of your child's immunisation certificate is attached)

### CUSTODIAL STATEMENT

Do both parents have custody of the child? Yes  No

If no, are there any custodial arrangements concerning your child? Yes  No

If yes, please supply a copy of the court order/legal documents for our records

# Enrolment Terms and Conditions



I wish to enrol my child ..... at the Howick Kauri Kids childcare centre and agree to the following conditions:

**Children's needs**

- I agree that I will provide all necessary extra items that my child requires while at the Papatoetoe Kauri Kids centre (i.e. lunch, drink, nappies, wipes, medication when required, sun hat and extra clothes for mucky play)

**Regulations**

- I am aware that there is a copy of the Centre Charter available to read, on request
- I am aware that all centre policies are available on request
- I am aware that I am required to sign my child in and out on the attendance register, daily
- I am aware that I am required to sign my child's monthly attendance records once a month
- I have ready and agreed to the Centre policy on sleep monitoring

**Health and Safety**

- I will keep my child home when he/she is sick or has any infectious illnesses
- I give consent for the Centre staff to administer medication from a registered practitioner that is supplied by myself, and must be recorded in the medical register, and verbally explained to the team leader or centre staff
- In the case of an emergency, I authorise the Centre to obtain medical assistance and that my child may be transported, by car, for urgent medical attention and understand all costs will be met by myself
- I authorise staff to apply sunscreen supplied by the Centre or my child's own when needed
- I agree to pick up my child from the Centre if my child becomes unwell during the day within one hour of being notified
- I understand that Kauri Kids is a nut free area e.g. no peanut butter, nutella, nut bars, nuts

Parent/Guardian Signature..... Date: / /

**Fees**

- I agree to the Centre's fee policy and have read and signed the attendance and fee agreement

**Trips and Excursions**

- I agree for my child be taken on walks outside and within walking distance of the Centre
- I understand that I will be advised of any trips requiring transport and that I will be required to complete a permission form before my child is taken on these; and will be taken under the Centre's excursion policy

Parent/Guardian Signature..... Date: / /

**Observations**

- With regards to the privacy act, I **agree/ disagree** that photos, videos and observation of my child may be taken for the purpose of keeping a portfolio folder for my child and the use of these by staff and students of the Centre during training for early childhood education

Parent/Guardian Signature..... Date: / /

**Clothing**

- I accept that care will be taken by the Centre in the care of my child's clothing, and I understand that the Centre will not be held accountable for lost items. I will ensure my child's clothing is named, and I will check the lost property on a regular basis

**Charter, Education Review Office, and policies**

- Copies of these are displayed in the Centre. I agree to take the time to read through these important documents

**Collection of my child**

- I understand the Centre's opening and closing hours. I agree to phone the Centre if I am going to be late, and I agree to pay any late fees that may be charged

**The Privacy Act**

- The information is needed in this form, by the Centre, to comply with statutory requirement to enable centre staff to contact you to ensure care and education of your child. We are required to keep these records for seven years

I undertake to adhere to the requirements and regulations of these terms and conditions and I also take responsibility for the payment of fees on time. I undertake that failure to comply with these requirements of the Centre could lead to my child's exclusion from the Centre.

Signed parent/guardian: ..... Date: .....

Name: .....

Signed staff member: ..... Date: .....

Name: .....

FOR OFFICE USE ONLY					
Details entered in system?	Sign:	Date:	WINZ form complete?	Sign:	Date:
Enrolment form copied?	Sign:	Date:	Child's office file complete?	Sign:	Date:
Fees paid?	Sign:	Date:			
Start Date:			Finish Date:		

# ENROLMENT AND FEE AGREEMENT

## HOWICK KAURI KIDS



Child's full name: .....

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 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: / /

### 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 Kauri Kids Howick

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.
- 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: / /

**OPTIONAL CHARGES:** This centre does not charge Optional Charges for 20 Hours ECE

**STATUTORY HOLIDAYS / TERM BREAKS:** This enrolment agreement is inclusive of school term breaks. This service is not open on Statutory Holidays

**WEEKLY FEES**

- I understand and agree to ensure that all fees will be paid one week in advance at all times
- I am aware of the Centre’s licensing hours and if I am late I will be charged \$5 for every five minutes I am late
- I agree to give two weeks notice when cancelling my child’s booking

**NON ATTENDANCE**

Please advise the Centre by 9.00am daily if your child will not be attending for that day. If possible, we may consider swapping days during the same week. Any child who is absent longer than one month, with no explanation, will be taken off the roll. Children who are enrolled but not attending the Centre are required to pay full fees (including snacks) for any days absent. This includes public holidays, and school holidays and ensures the enrolment is kept open.

**PARENT DECLARATION**

I declare that all of the above information is true and correct to the best of my knowledge:

**Parent/Guardian Signature:** ..... **Date:** / /

**SERVICE DECLARATION**

On Behalf of Kauri Kids Papatoetoe, I declare that this form has been checked and all relevant sections have been completed.

**Service Provider Signature:**..... **Date:** / /

# About me



My name is ..... and I am ..... years old

My immediate family is:

My extended family is:

My pets are:

My favourite activities are:

My favourite songs are:

My favourite story is:

Things I can do myself:

I'm starting to learn:

I would like Kauri Kids to help me with:

I don't like:

I love:

When I'm upset I like to:

I am allergic to:

I am an infant and have special routines:

Other relevant info about me:

Any special diet requirements:

Signed:

Date:

# WAITING LIST APPLICATION

## HOWICK KAURI KIDS



Child's full name: .....

Date of birth: ..... Current age: ..... Gender: M  F

Child's home address: .....

Parent's full name: .....

Home phone: ..... Mobile: .....

Email: .....

Days and hours of care required:

Monday	Tuesday	Wednesday	Thursday	Friday

Date care is required from: .....

Parent/guardian signature ..... Date .....



# Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

FOR BANK USE	A/P No	Type	Charge	Bank Int.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non Std Com.	Bulk/G.A. Code	Freq. O'ride	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## PAYER DETAILS To the Manager

Name of Bank
Branch
Address
Name of Account

**IMPORTANT PLEASE TICK**

This is a new authority

OR

As from \_\_\_\_\_ (first payment date), this authority replaces existing authorities for \$ \_\_\_\_\_ in favour of the same payee.

Account details: On behalf of: \_\_\_\_\_  
Name if other than payer:

Bank	Branch number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our bank statement.

Particulars	Code	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

## FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	OR	Until further notice
<input type="text"/>	<input type="text"/>		Tick: <input type="checkbox"/>

Tick Box:  Weekly  Fortnightly  Four Weekly  Monthly  Specify other period

Fixed Amount	Amount \$	Amount in Words
<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete if applicable (tick one box only)

<input type="checkbox"/> Variable First Amount	Amount \$	Amount in Words
<input type="checkbox"/> Variable Last Amount	<input type="text"/>	<input type="text"/>

## PAYEE DETAILS Pay to the credit of:

Name of Bank	Branch
<input type="text" value="BNZ"/>	<input type="text" value="MANUKAU CITY"/>

Name of account:	Bank	Branch number	Account number	Suffix
<input type="text" value="MANUKAU LEISURE"/>	<input type="text" value="020191"/>	<input type="text" value="0243549"/>	<input type="text" value="00"/>	

Details to appear on payee's bank statement.

Particulars	Code	Reference
<input type="text"/>	<input type="text" value="10131300"/>	<input type="text"/>

## AUTHORISATION

- Please make this automatic payment by debiting my/our account
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

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

NAME OF ACCOUNT .....

SIGN HERE .....

(Contact Phone No.)

PLEASE TURN OVER

**CONDITIONS:**

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed over.
9. This order will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

**ALTERATION TO FIXED AMOUNT**

Please alter the fixed amount of this transfer

As from / /	Fixed Amount \$	Amount in Words	Customer's Signature
As from / /	Fixed Amount \$	Amount in Words	Customer's Signature

**FOR BANK USE ONLY**

Date Received:	Recorded By:	Checked By:	X Code Reason  Sign:
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BANK  
STAMP