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| ***Administration Records*** Enrolment Agreement Form Kids Pace Education | | | | | | | | | | | |
| **NECESSARY FUNDING AND LICENSING REQUIREMENTS**  Enrolment Information,**20 Hours ECE** Enrolment Hours and Attestation Information for Early Childhood Education Services  **⧫** Sections marked with this symbol are required to be included in every Enrolment Agreement Form  (20 Hours ECE sections are not applicable if the service does not offer 20 Hours ECE). | | | | | | | | | | | |
| **⧫ 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  ❑ New Zealand passport  ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | ❑ Foreign birth certificate  ❑ Foreign passport  **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](http://www.minedu.govt.nz/parents) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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: | | | | | | | | |
| **Emergency Contacts in Addition to Parents/Guardians (also able to pick up)** | | | | | | | | | | | |
| **Given names:** | | **Given names:** | | | | | | | | | |
| **Surname / family name:** | | **Surname / family name:** | | | | | | | | | |
| Address: | | Address: | | | | | | | | | |
| Post Code: | | Post Code: | | | | | | | | | |
| Phone (Home): | | Phone (Home): | | | | | | | | | |
| Phone (Work):  Relationship to child: | | Phone (Work):  Relationship to child: | | | | | | | | | |
| **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: | | | | | | | | | |
| **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): | | | | | | | | |

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| **Child’s doctor:** | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | Phone: | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | |
| Health | | | | | | | | | | | | | | | | | | | | | |
| Illness/allergies: | | | | | | | | | | | | | | | | | | | | | |
| Is your child up-to-date with immunisations? | | | | | | | | *Tick One* | | Yes |  | | No | | |  | | | |  |
| (Please provide verification of all immunisations) | | | | | | | | | | | | | | | | | | | | |
| **For staff:** Immunisation records sighted and details recorded: | | | | | | | | *Tick One* | | Yes |  | | No | | |  | | | |  |
| **Medicine**  **Category (i) Medicines**  A category (i) medicine is a non-prescription (such as arnica cream, antiseptic liquid, insect bite treatment etc) 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 educator specific products provided attached on the educator information sheets that is specific to the educator. Educators provide Sunsmart365 Sunscreen SPF50+ Lotion for children.  Do you approve category (i) medicines used on your child? Tick one. YES No  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:  *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) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | | | | | | | | | |
| **⧫ 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 | | Saturday | | | | | Sunday | | | | Total hours: | | | |
| Times Enrolled: |  |  |  | |  | |  | |  | | | | |  | | | |  | | | |
| **For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours** | | | | | | | | | | | | | | | | | | | | | |
| 20 Hours ECE at this service |  |  |  | |  | |  | |  | | |  | | | | | 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 this service? | | | | | | | | | | | | | | | | | | | | |
| *Tick One* | | | | | | | | | | Yes |  | | | No |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. Is your child receiving 20 Hours ECE at any other services? *Tick One* | | | | | | | | | | 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. | | | | | | | | | | | | | | | | | | | | |
| * Your 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | | | | | | | | | | |

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| **⧫ 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 Kids Pace Education. | | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | |
| **⧫ Optional Charges for 20ECE:** | | | | | | | |
| 1. The optional charge is for: | | | | | | | |
| * + Lunch $6 | | | | | | | |
| * + Pick ups and drop offs per trip, to be charged at $0.77 per kilometre.   + Nappy charge $3 per nappy | | | | | | | |
| 1. I understand that if I agree to pay for the optional charge, my educator may enforce payment. | | | | | | | |
| 1. The agreement to pay the optional charge will last for: 12 months | | | | | | | |
| 1. The rules about making changes to the agreement are: | | | | | | | |
| * + The parents/guardians have the right to change their mind | | | | | | | |
| * + There is no penalty for parents/guardians who choose not to make the payment. | | | | | | | |
| 1. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty. | | | | | | | |
| 1. **I agree/do not agree *(select one)* to pay the optional charge for the activities/items specified in this enrolment agreement form.** | | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | |
| **⧫ Statutory Holidays / Term Breaks** | | | | | | | |
| This enrolment agreement is inclusiveof school term breaks. | | | | | | | |
| Kids Pace Education is open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for: | | | | | | | |
| New Years Day |  | Easter Monday |  | | ~~Christmas Day~~ |  |  |
| Day after New Years Day |  | ANZAC Day |  | | Boxing Day |  |  |
| Waitangi Day |  | Queen's Birthday |  | | Local Anniversary Day |  |  |
| Good Friday |  | Labour Day |  | |  |  |  |
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| **⧫ Home-Based Education and Care Services Only** | | | | | | |
| **This section is a compulsory requirement for Enrolment Agreement Forms used by Home-Based Services** | | | | | | |
| Is the educator who will be providing education and care for your child a member of the child’s family? | | | | | | |
| *Tick One* | | Yes |  | No |  |  |
| If yes, what is the relationship of the educators to your child? | | | | | | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | | | | |

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| --- | --- |
| **Other /Permissions/Fees** | |
| * **Policy Statement:** Kids Pace Education 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. A copy of these can be found with your child’s educator or alternatively you can contact the office to request a copy emailed to you.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 Information Book**: Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you, ways in which we can help you and your child settle into the service, and the complaints procedure. | |
| * **Child’s strengths, interests and preferences:** Please tell us about your child’s strengths, interests and preferences. * **Privacy Statement:** All personal information on your child will be kept securely and remain confidential. * **OSCAR children:** Kids Pace Education is OSCAR licenced, meaning that your child’s educator may have school aged children in their care before & after school, as well as during the school holidays with a 1:6 ratio, and no more than 4 children under 6, and no more than 2 children under the age of two years old. * **Excursions: I give** Permission for the child to take part in regular excursions (under the conditions stated in the service’s excursions policy). **YES / NO** * **Transportation**: I give permission for the child to be transported in a motor vehicle with the child’s educator. I understand that I am responsible for supplying a car seat for the child**. YES / NO** * I understand that the child’s educator is only responsible for the child during the enrolled child’s hours and I am responsible for getting the child to and from childcare safely. **YES / NO** * I **Photo/video:** I give permission for the child to be photographed for the purposes of assessment, planning and evaluation for the child’s individual profile book and promotional purposes for Kids Pace Education (such as advertising, fundraising, newspapers, and Facebook). **YES / NO** * I give permission for the child’s educator to perform basic first, including Sunsmart 365 Sunscreen products to the child and to change his or her soiled or wet clothing when necessary. **YES / NO** * I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation. **YES / NO** * I understand that the child will be taken to an alternative emergency location e.g. civil defence centre, in the event of an emergency. Your child’s educator will contact you at the first available time in the event of an emergency. **YES / NO** * I consent to this child accessing the Internet – a staff member will always be present when children have access. **YES / NO** * I give consent for my child’s learning profiles to be created and shared through Storypark – these are confidential and only you, your child’s educator, the ministry of education, and the Visiting Teachers can access these. **YES/NO** * **Fees Agreement** * I have agreed to pay the following fee for hours my child is attending Kids Pace Education, not covered by the 20 Hours ECE: $.......................per hour. * If my child is sick and cannot attend Kids Pace Education I agree to pay the following holding fee: $.........per hour. I understand that I am entitled to ..….days/hours with no charge for illness. * If I wish to take my child out of care for holidays I agree to pay $...................per hour holding fee. I understand that I am entitled to ……………days/hours per year on no charge for childcare. * I understand that no holding fee can be charged to me for absent hours that would normally be covered by the 20 Hours ECE. * I understand that my child’s educator bills all fees to me and I pay fees direct to my child’s educator, not Kids Pace Education administration. * *(For more information please see the Kids Pace Education Fees and 20 Hours ECE Policy)*   **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 Kids Pace Education I declare that this form has been checked and all relevant sections have been completed. | |
| Service Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

***Complaints Policy***

***Rationale:***

* Kids Pace is committed to providing a quality service where collaboration ensures all concerns are heard from all people.

***Objectives:***

* Clear guidelines for how to lay a complaint are easily accessible.
* Efficient communication ensures complaints are followed up in a timely manner.
* All aspects are documented immediately by management.
* Resolutions are able to be reached.

***Procedure:***

* Complaints are to be directed initially to the teacher supporting the educator and family/whānau. The teacher will assess the situation and support resolution.
* If a resolution cannot be reached then the complaint will be handed to management.
* Serious grievances will be documented and management will make an informed decision.
* Management will respond within 48 hours and a decision will be reached within five days.
* Local Ministry of Education Office can be contacted at any time 03 4715200 - enquiries.dunedin@education.govt.nz
* Contact details for the teacher are found on the contacts page in the diary with the educator.
* Management can be contacted on 0800 465 431 or 027 543 7722
* Parents have a copy of the parent information book containing the contact details for management and the Ministry of education.

