

## WHITE HERON LEARNING CENTRES ENROLMENT AGREEMENT FORM (Reg 47 GMA10)

To enrol your child at White Heron Learning Centre, please provide the information as requested in this enrolment form, sign the declaration/attestation at the end of the agreement (in pen), and provide a signed copy of the agreement to us. Any changes and signatures must be made in pen (refer Funding Handbook 11-1 Record Keeping requirements).

By doing so, you are entering into an agreement with us that:

- we will enrol your child with us and provide early childhood services to them; and
- you as parents/guardians have certain responsibilities as set out in this agreement and our policies.

If any of the information provided by you in this agreement changes or is going to change, including contact details, information about your child's health, and information about your child's hours of attendance at our service, please advise us as soon as possible of the change.

The term of this agreement, and your child's enrolment in our service, is from the Date of Enrolment to the Intended Date of Exit set out in this agreement. However, in some limited circumstances as described in this agreement, we may need to end your child's enrolment with us early or change the hours of enrolment. We may make changes to the terms of this agreement, and to our policies, from time-to-time. We will give you reasonable notice (to the extent possible, in the circumstances) of any such changes.

◆ Child's Details			
Child's official surname or family name:			
Child's official given name:			
Child's official other names / middle names:			
Name your child is known by / preferred names:			
Surname / family name:		Given name:	
Male	Female	Child's date of birth:	dd / mm / yyyy
Child's primary residential address:			
		Post code:	
Child's identification: Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.			
Official documentation documents <b>sighted</b> by staff. Tick one			
New Zealand birth certificate		Foreign birth certificate	Other
New Zealand passport		Foreign passport	
Date sighted	dd / mm / yyyy	Staff member initials	
Child's ethnic origins:	Iwi your child belongs to:	Language(s) spoken at home:	

### ◆ Privacy statement

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (Principle 3). 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 for 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](#).

### ◆ Parent/Guardians

#### Parent/Guardian #1 Details

Given names:		Surname / family name:	
Relationship to child:			
Email:			
Phone (h):		Phone (w):	Phone (m):
Address:			
			Post code:

#### Parent/Guardian #2 Details

Given names:		Surname / family name:	
Relationship to child:			
Email:			
Phone (h):		Phone (w):	Phone (m):
Address:			
			Post code:

#### Parent/Guardian #3 Details

Given names:		Surname / family name:	
Relationship to child:			
Email:			
Phone (h):		Phone (w):	Phone (m):
Address:			
			Post code:

Parent/Guardian #4 Details					
Given names:				Surname / family name:	
Relationship to child:					
Email:					
Phone (h):		Phone (w):		Phone (m):	
Address:					
				Post code:	

Additional person/s who can pick up your child			
Additional person #1		Additional person #2	
Given names:		Given names:	
Surname/family name:		Surname/family name:	
Address:		Address:	
Phone (home)	Phone (work)	Phone (home)	Phone (work)
Phone (mobile):		Phone (mobile):	

◆ Emergency contacts (also able to pick up child)			
Emergency contact #1		Emergency contact #2	
Given names:		Given names:	
Surname/family name:		Surname/family name:	
Address:		Address:	
Phone (home)	Phone (work)	Phone (home/}	Phone (work)
Phone (mobile)	Email	Phone (mobile)	Email
Emergency contact #3		Emergency contact #4	
Given names:		Given names:	
Surname/family name:		Surname/family name:	
Phone (home)	Phone (work)	Phone (home)	Phone (work)
Phone (mobile)	Email	Phone (mobile)	Email

◆ Custodial Statement		
Are there any custodial arrangements concerning your child?	Yes	No

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:

Please advise us immediately if there are any changes to custodial arrangements concerning your child, or to the persons who cannot pick up your child, including because of court orders.

#### Person responsible for paying your fees

First name

Surname

Relationship to child

Email

Phone (h)

Phone (w)

Phone (m)

Address

Post code

#### ◆ Child's Doctor

Name:

Phone:

Name of medical centre:

Address of medical centre:

In the unlikely event of a medical emergency, I understand my child will be given basic First Aid treatment by centre staff and if necessary, taken to hospital in an ambulance. Parents or a contact person will be notified immediately.

Does your child have any specific illness, allergies or dietary requirements? If yes, please specify:

#### ◆ Child's Health

Please provide verification of all immunisations.

Early childhood services are required, as per the Health (Immunisation) Regulations 1995, to ask parents or guardians of a child to provide the Immunisation Certificate for each child attending their service and record the information from the Immunisation Certificate – or the fact that it was not shown – on the immunisation register.

Illness/allergies:

Is your child up-to-date with immunisations?	Yes	No
Please provide verification of all immunisations.		
For staff: Immunisation records <b>sighted</b> and details recorded:	Yes	No
<b>◆ Medicine</b>		
Category (i) medicines		
<p>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.</p> <p>Specific names and information about the category (i) provided by our centre:</p> <p><b>ECC note: nappy rash creams or sunscreen lotions are NOT medicines and do not require authorisation. If centres use their own supplies, MoE requires they have a process of informed consent for their use, which includes noting brand names.</b></p>		
Do you approve category (i) medicines to be used on your child?	Yes	No
Name(s) of specific category (i) medicines provided by the centre that are permitted to be used on my child:		
Stingoes		Dettol
Arnica		Savlon
Parent/guardian signature	Date:	
Category (ii) medicines		
<p>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.</p> <p>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.</p>		
Parent/guardian signature	Date:	
For staff: Individual health plan completed and signed:	Yes	No
Category (iii) Medicines		
To be filled in if your child requires medication as part of an individual health plan, for example for an ongoing condition such as asthma or eczema etc. and is for the use of that child only.		
For staff: Individual health plan completed and signed:	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:

### About your child

Our centre is committed to inclusive education, as per Te Whāriki and the National Education and Learning Priorities (NELP), in particular with reference to Objective 1: Learners at the centre and Objective 2: Barrier free access. This commitment includes working with families and whānau to find ways to reduce barriers to education for disabled learners and those with learning support needs.

If your child has an illness or condition, what are the implications or actions to be taken in relation to the child's illness or condition. For example, does the child's illness or condition require an individual health plan?

For this purpose, please indicate whether you would like to book a meeting to share any health, wellbeing, and/or education and child development information with the centre. This will assist the centre to help your child settle in as well as possible and receive the appropriate health care.

Yes, I would like to book a meeting in to discuss my child's individual health plan.

No, I would not like to book a meeting to discuss my child's individual health plan.

### Likes and dislikes

To help us care for your child and make them feel comfortable at our centre, it is helpful for us to know as much as possible about your child's needs, e.g. favourite phrases, toys, or songs and what comforts your child; does your child have any dislikes or triggers we should be aware of? Please provide any further information you would like us to know about:

**Enrolment Details**

White Heron Learning Centre undertakes to deliver quality early childhood education and care to your child in accordance with our Philosophy Statement, while ensuring the adults working in our service are healthy and similarly kept safe in accordance with our responsibilities under the Health & Safety at Work Act 2015. The service provider is required to eliminate and/or minimise risks to health and safety so far as is reasonably practicable.

The term of this agreement, and your child's enrolment in our service, is from the Date of Enrolment to the Intended Date of Exit set out below. However, the continued enrolment of your child until the Intended Date of Exit (often the child's 5th birthday) is not guaranteed.

You may end your child's enrolment with us, and this agreement, at any time by notifying us in accordance with our enrolment policy.

As set out, we may review your child's enrolment with us, and may end their enrolment, and this agreement before the Intended Date of Exit:

- if you have not paid fees
- because of ongoing absences that have affected the funding we receive for your child (if applicable)
- if we consider that this would be in the best interests of the child, other children at the centre or the adults working in our service.

We will always make reasonable efforts to work with you to resolve any issues that have arisen before ending your child's enrolment early for one of the reasons set out above. We will give you reasonable notice (to the extent possible, in the circumstances) if we decide to end your child's enrolment before the Intended Date of Exit.

The enrolment of your child in our services is also dependent on the service continuing to be licensed, operational, and fully compliant with regulatory requirements including legal obligations in the Health and Safety at Work Act 2015.

**◆ Enrolment details**

Date of enrolment	dd / mm / yyyy	Date of entry	dd / mm / yyyy	Date of exit	dd / mm / yyyy	
	Monday	Tuesday	Wednesday	Thursday	Friday	Total no. of hours:
Times enrolled						

**◆ 20 Hours ECE**

**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.

For 20 Hours ECE fill out the boxes below with the hours attended e.g. 6 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Total no. of hours:
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent / guardian signature	Date
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<b>◆ 20 Hours ECE Attestation</b>	
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 service?	Yes / No
<p>If yes to either or both of the above, please sign to confirm that:</p> <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 to make decisions about your child's eligibility for 20 Hours ECE.</li> <li>You consent to the early childhood education service providing relevant information to the Ministry of Education, and to the other early childhood education services your child is enrolled at, about the information contained in this box.</li> <li>You will verify your child's attendance at our service for each day that they are enrolled.</li> <li>You will advise us immediately if there are any changes to your child's enrolment details, including their intended hours of attendance, and whether you want your child to receive 20 Hours ECE. Any changes must be made in pen and dated.</li> </ul>	
Parent/guardian signature	Date
<b>◆ Dual enrolment declaration</b>	
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 White Heron Learning Centre.	
Parent/guardian signature	Date

<b>Family Boost Rebate Scheme</b>	
I require a statement of paid childcare fees for my household OR for shared care two invoices can be provided. Parents / guardians understand that unpaid invoices do not qualify.	One / Two
<b>Work and Income Childcare Subsidy</b>	
I am applying for a Work and Income Childcare Subsidy prior to my child starting at this Centre	Yes / No
<p>If yes, I understand that even if eligible for a Work and Income Childcare Subsidy I am responsible for paying my fees in full until my subsidy is approved.</p> <p>I understand that I am responsible for any fees not covered by my subsidy.</p> <p>I am responsible for ensuring Work and Income is kept informed of any changes that may affect my subsidy.</p> <p>Any over-payment made by Work and Income will not be offset against any outstanding balance or paid out to the person responsible for payment of fees.</p> <p>I confirm that I have made a full application for a subsidy prior to my child starting at White Heron Learning Centre.</p>	
Application date:	

### Absences

You must advise us of any absences, whether planned or unplanned, including because your child is sick or has an injury, will be away for holidays (outside of any holidays where the centre is closed), or any other reason.

Continuous or frequent absences impact on the funding that we get from the Ministry of Education.

- A continuous absence is when an enrolled child is absent for a period of more than three weeks.
- A frequent absence is when an enrolled child's actual attendance in a month does not match their enrolled hours for at least half of that month.

As set out in this agreement and our enrolment policy, we may review this enrolment agreement with you because of continuous or frequent absences. We may ask you to reconfirm your child's hours or enrolment or change the hours of enrolment. In some cases, we may end your child's enrolment with us early (before the Intended Date of Exit) because of continuous or frequent absences.

We will always make reasonable efforts to work with you to resolve any ongoing absence issues, and will give you reasonable notice (to the extent possible, in the circumstances) if we decide to end your child's enrolment early.

Alternatively, we may (with your agreement) charge you an additional fee to help cover the costs of any reduction in our funding due to continuous or frequent absences, as set out in our Fees Schedule. The charge for Sustained Absences is \$50 per day, and is charged in addition to the usual fees you pay for your child's enrolment at our centre (including for those days on which your child was absent).

### ◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

*Our centre has a fee schedule which takes into account days the service is closed (e.g. Statutory Holidays) so we are able to continue to pay our employees.*

*Please inform us of any absences or changes to your child's attendance as set out in this agreement (including because of your planned holidays).*

### Required information for licensing purposes and other information

**Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).

**Photo/video: permission** for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)

**Policy Statement:** White Heron 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 centre, 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 and ways in which we can help you and your child settle into the centre.

**◆ Permissions and Parent declaration**

- 1) I declare that all the above information is true and correct to the best of my knowledge.
- 2) I attest to the 20 Hours enrolment hours detailed in this agreement. I will verify my child's attendances as required by the Centre and the Ministry of Education, and notify absences (planned or unplanned, including due to illness or injury) as required.
- 3) I confirm that:
  - a. My child does not receive more than 20 hours of 20 Hours ECE per weeks across all services.
  - b. I authorise the Ministry of Education to make enquiries regarding the information provided in this enrolment agreement, if deemed necessary and to the extent necessary to make decisions about my child's eligibility for 20 Hours ECE.
  - c. I consent to this centre providing relevant information to the Ministry of Education, and to other early childhood education services my child is enrolled at, about the information contained in this agreement.
  - d. I agree to pay the fees charged for my child's enrolment at the centre, in accordance with the Fees Schedule published at the time.
  - e. I agree to pay outstanding fees to the centre by the due date and understand that, if I fail to do so, I will be liable for any additional debt collection costs, and that the centre may review my child's ongoing enrolment and end that enrolment early if I do not pay fees owed.
- 4) I hereby declare that my child **IS / IS NOT** enrolled at another early childhood service at the same times that he/she/they are enrolled at this centre.
- 5) I **APPROVE / DO NOT APPROVE** the administration of the category (i) or (ii) medicines detailed in this agreement to be used on my child.
- 6) I **APPROVE / DO NOT APPROVE** the administration of the category (iii) prescription medicines detailed in this agreement to be used on my child in accordance with the prescription instruction.
- 7) I **AGREE / DO NOT AGREE** to my child participating in any regular excursions from the centre as part of the learning programme. I will be notified in advance of any special or one-off excursions and be invited to AGREE or NOT AGREE to each.
- 8) I **understand** that my child may be photographed or videoed from time to time as part of the centre's assessment, planning and evaluation practices. No image of my child will be used for promotional or other purposes without my separate written consent.
- 9) As part of our teaching program we take children on spontaneous short local walks or regular excursions. Risk assessments of these are available to parents. Please refer to our Excursion and Outings policy and indicate your permission for your child to participate in regular excursions. Yes / No  
  
Parents' prior written approval is sought for each special excursion.
- 10) I have read and understand the Privacy Statement on page two of this agreement.

Parent/guardian signature

Date:

**◆ Service Declaration**

On behalf of White Heron Learning Centre,

I declare that this agreement has been checked and all relevant sections have been completed.

Centre Manager signature

Date