



Quality care & education from birth to five years

Enrolment Form

The Village Childcare

"It Takes a Village to Raise a Child"

WORK & INCOME SUBSIDIES

INDUCTION CHECKLIST FOR NEW ENROLMENT

- Tour of the Centre:
 - Sleep room
 - Nappy changing room
 - Toilets
 - Kitchens
 - Reading room
 - Mat room
- Introduce to staff
- Spare clothes and disposable nappies, if required
- Where to hang bags, put lunch boxes, naming possessions clearly

Explain procedures involving:

- Explain children's programme
- Fees – system of payment
- First sessions payment in advance
- Income support subsidy / 20 Hours ECE
- Signing Daybook, recording medication and collecting children
- Show License, regulations, ERO report, policy folder, staff register
Session times
- Any mishaps or accidents
- A \$20.00 Enrolment Fee is payable at the time of enrolment.
- A photo copy of your child's immunisation record / passport / birth certificate
- Do you have any concerns about any area of your child's development

Name of parent Staff member

Signature of parent..... Staff signature

Starting date.....

NUMBER OF CHILDREN	GROSS WEEKLY INCOME	CHILDCARE SUBSIDY (per hour, per child)	CHILDCARE SUBSIDY (per week, per child for 50 hours)
1	Less than \$1200.00	\$3.95	\$195.50
	\$1200 - \$1299.99	\$2.78	\$136.00
	\$1300.00 - \$1399.99	\$1.53	\$75.50
	\$1400.00 or more	nil	nil
2	Less than \$1380.00	\$3.91	\$195.50
	\$1380.00 - \$1489.99	\$2.72	\$136.00
	\$1490.00 - \$1599.099	\$1.51	\$75.50
	\$1600.00 or more	nil	nil
3 or more	Less than \$1540.00	\$3.91	\$195.50
	\$1540.00 - \$1699.99	\$2.72	\$136.00
	\$1670.00 - \$1799.099	\$1.51	\$75.50
	\$1800.00 or more	nil	nil

Please Note: How much you can get on your particular rate depends on how many hours your child goes to the childcare centre for.

I have checked and confirm that the information contained in this Enrolment Form is correct to the best of my knowledge:

Manager:..... Date:.....

THIS FORM MUST BE COMPLETED FOR EVERY CHILD ENROLLED TO RECEIVE 20 HOURS ECE AT THIS SERVICE

ENROLMENT FORM

This form is a confidential statement to be handled by the Directors and Senior Staff only. Please complete it to the best of your knowledge, and remember to keep this information current. The more we know about your child the more appropriate care we can provide.

Child's Names:

Surname:

Date of Birth: Gender:

Ethnicity Iwi Affiliation

Home Address:

.....

Home Telephone: Proof of Identity:

Mother or Guardian's Name:

Occupation:

.....

Telephone Number (during hours of care):

Father or Guardian's Name:

Occupation:

.....

Telephone Number (during hours of care):

Siblings (Name and age):

.....

.....

.....

Email address (for accounts) :

Please read the information below before you answer any questions any sign this form.

20 Hours ECE is available to three and four year old children who are enrolled and attending a licensed teacher-led* early childhood education service.

The maximum 20 hours ECE that can be claimed for each child is 6 hours per day, 20 hours per week across all services that the child is enrolled in.

Services may not charge fees during hours of 20 Hours ECE, although some services may request optional charges or donations. Your service can provide more information regarding fees, optional charges and donations.

*Teacher-led early childhood education describes services required to have a person responsible (or home based care coordinator) who is a registered, ECE qualified teacher. Teacher-led services are required to meet teacher registration targets set by the Ministry of Education. Teacher-led services include kindergartens, education and care services and home-based care networks.

In order for your child to receive up to 20 hours of ECE this Attestation Form must be filled out by the persons enrolling the children.

Please confirm that you understand the following: (please tick the boxes)

- You must complete a separate form for each child.
- Failure to complete this form will mean that this child is not eligible for funding for 20 Hours ECE.
- The purpose of completing this form is to confirm this child's eligibility to receive 20 Hours ECE.
- If you make a false statement, or provide any false or misleading information, you may be committing an offence and be held liable to prosecution.
- You authorise the Ministry of Education to make any enquiries it deems necessary regarding the information provided on this form to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE. You also consent to the early childhood services providing relevant information to the Ministry of Education, and to other ECE services your child is enrolled at about the information contained in this form.

Please provide the following information:

1. Name of child :Date of Birth:...../...../.....

2. Is the child receiving 20 Hours ECE at any other services? Yes / No (circle)

Please confirm the daily and total time (hours and minutes of 20 Hours ECE claimed at all services the child is enrolled at on the chart below and initial to confirm.

Effective Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total	Initials
20 Hours ECE at this service									
At another Service									
Total									

Revised Allocation of 20 Hours:

Effective Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total	Initials
20 Hours ECE at this service									
At another Service									
Total									

I confirm that:

- The child named above does not receive more than 20 Hours ECE per week across all services.
- I will immediately notify all services where the child receives 20 Hours ECE of any changes to the information provided above.
- I have read and understood the information in this form and confirm that the information provided by me is true and correct.

Signed: Date:

Name: Relationship to child:

ENROLMENT FORM

EMERGENCY CONTACTS (other than parents)

It is essential that we have at least one emergency contact person.

Name: Relationship to child: Telephone Number:
 1:.....
 2:.....

Languages Spoken:
 1:.....
 2:.....

Doctor's Name:

Telephone Number:

Does your child have any allergies?

Physical disabilities / Special Needs?

Speech / Hearing problems?.....

Is your child's immunisation up to date?.....
 (please provide a record of your child's immunisation to date.)

I will not bring my child to the Centre in the event of sickness or any infectious illness, eg: chicken pox, conjunctivitis, vomiting or diarrhoea, head lice.

I will not bring my child to the Centre within 48 hours of a diarrhoeal bowel motion.

I will not bring my child to the Centre within 24 hours of the last vomiting episode.

Parent or Guardian's signature:

I hereby give permission to the staff of The Village Preschool, in the event of an accident or emergency, to seek emergency medical practitioner at my expense. I further authorise the medical practitioner to carry out such treatment as is immediately necessary for my child.

Parent or Guardian's signature:

Date:

ENROLMENT DETAILS

Child's Name:

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIME					
START DATE		SIGNATURE:			

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIME					
START DATE		SIGNATURE:		FINISH DATE:	

My child is not enrolled at another service for the same hours of attendance

Parent or Guardian's Signature :

RESPONSIBILITIES PERTAINING TO YOUR CHILD

To protect your child, we feel it necessary to ask the following questions of you. Please note that the information you provide for us is kept strictly confidential and used only within the Centre, for the well-being of your child.

Who is authorised to collect your child? (eg. Mother, Father, Emergency contacts)

1:.....

2:.....

3:.....

Who has legal custody of your child?

Please note:

The Centre realises there are isolated instances where children are the subject of a court order to establish custody. If not applicable, please delete the following by putting a line through the wording. Thank you.

I advise that I have custody of the child pursuant to order dated the

Day of....., a copy of which is attached hereto and although I request the Centre not to release the child to any other person without written authority, I hereby release the Centre from any and all liability should the centre release the child to any other person. I do however; appreciate that the Centre will endeavour to comply with my request contained herein.

Signature of Parent or Guardian:

Witness: Date:

FEE PAYMENT AGREEMENT

1. A \$20.00 Enrolment Fee is payable at the time of Enrolment.
2. Fees are to be paid weekly in advance.
3. If my child is enrolled with the Village Pre-School & Childcare Centre, I will be billed from the enrolment start date and agree that fees are payable until I have given two weeks’ notice in writing, regardless of whether my child attends.
4. I understand and agree that if my fees are in arrears for two weeks and no arrangement has been made with Centre management, my child’s place may be cancelled.
5. If my child is sick or away for any reason, including statutory holidays full fees are still payable.
6. I understand and agree that as our staff need to be available for booked times, all booked times are payable in full, irrespective of whether the time is used or not.
7. We require one week’s notice for any changes to booked times, either permanent or temporary.
8. I understand and agree that if my child is booked part time, and I do not pick my child up at the specified end time, I will be charged the flat hourly rate for any additional time.
9. I understand and agree that I will be charged a late fee of \$15.00 per ¼ hour if my child is not collected from the centre by closing time.
10. I understand and agree that all discounts, including holiday, sibling and staff discounts are only applicable if my fee payments are kept within the conditions above.
11. I understand and agree that a family discount of 10% will be applied to sibling’s accounts as long as fees are paid up to date and in accordance with this agreement.
12. I understand and agree that 50% holiday discount is available for a period of up to 3 weeks, providing the Centre has been given 10 working days’ notice, and all fees are paid up to date and in accordance with this agreement.

I understand and accept full responsibility for the payment of fees charged to my account in accordance with the published rates and policies. The Centre reserves the right to change the fee rates and policies irrespective of previously published or quoted prices. The new rates and policies will apply from the notified date. I understand and accept that these fees are to be paid in full, one week in advance.

I understand and accept that irrespective of any arrangement with any third party (eg: other adult, WINZ, ACC, trust or budget service etc.) the full responsibility to pay the fees rests with me.

I understand and accept that if any fee or charge remains unpaid, beyond the time specified in the Fee Payment Agreement, my child’s enrolment may be forfeited and the debt passed on to a Debt Collection Agency for collection. I accept all legal, administrative costs and legal fees incurred in this process.

Name:

Signature:..... Date:.....

Name:

Signature:..... Date:.....

(To be signed by both parents or guardians where applicable)

GENERAL INFORMATION

In this section we ask you to provide us with current information about your child’s individual needs. This information will enable us to include routines familiar to your child and help in a happy transition to activities at the Centre.

Does your child have any fears? (The dark, dogs etc.):

.....

Does your child have any special words or expressions which we may not know? (Word for toilet etc.)

.....

.....

What is your child’s favourite toy?.....

Book? Activity?.....

Are there any special comments you would like to share with us in regard to your child?

.....

.....

Does your family have any religious or cultural beliefs that you would like observed?

.....

I give permission for my child to leave the Centre in the company of staff on walking excursions, to our Community Garden adjacent to the Centre or to Décor Gardenworld. As per Excursion Policy a ratio of 1 teacher to 3 (Tots) or 1:5 (Explorers and Preschool) will be met and maintained.

Parent or Guardian’s signature:

I give permission for my child to be photographed or video-taped as part of the Centre programme.

Parent or Guardian’s signature

I do / do not give permission for my child’s photograph to be used on the Centre Website/ Blog and Educa Online Portfolio system. Your child’s photo will be used in the Centre to support documentation of children’s learning.

Parent or Guardian’s signature

I give permission for Centre staff to give my child’s name and date of birth to the school he/she will attend

Parent or Guardian’s signature:

GENERAL INFORMATION (cont.)

I give permission for my child to be taken to an alternative location in the event of an emergency, eg. Civil Defence post.

Parent or Guardian’s signature

Which school is your child likely to attend?

I give permission for my child to have Arnica, Calendula Cream, Stingos, face Cream (face painting) and or sun block applied at teacher’s discretion. (SPF 30, brands may vary please check)

Parent or Guardian’s signature:

I give permission for staff to make written observations of my child while participating in the Centre programme

Parent or Guardian’s signature:

If your child is UNDER THREE YEARS OF AGE, please complete the following section also, as your baby’s needs are obviously very special and very different to that of an older child.

I give permission for my child to have Ungvita, Zinc & Castor Oil Cream, Bepanthen, Curash powder or Cornflour to be applied by the teacher. Please provide your own named cream for your child’s use.

Parent or Guardian’s signature:

Does your child have a bottle, dummy or training cup? If so - when?
.....

Does your child have his / her food sieved, mashed or in small pieces?
.....

In what position does your child like to sleep?
.....

Does your child prefer to sleep in a bed or a cot?

Is your child toilet trained?

Any other information that you feel may be relevant that we should know about?
.....

DISPOSABLE NAPPIES MUST BE PROVIDED

How did you hear about our Centre?
.....
.....

SCHEDULE OF FEES – 2 February 2015

Under 3 and non ECE hours:

Per Half Day	8.00 am – 12.00 pm or 1.00 – 5.00 pm	\$32.00
6 Hour Session	9.00 am – 3.00 pm	
	1 – 3 days	\$40.00 per day
	4 days	\$150.00
	5 days	\$175.00
Per Day	7.30 am – 5.30 pm	
	1 – 3 days	\$52.00 per day
	4 days	\$180.00
	5 days	\$205.00
Flat Rate	Per hour for additional hours	\$9.00
	Per half hour	\$4.50

20 Hours ECE for all children 3 years and older attested for:

20 HOURS FREE	Maximum of 6 hours per day	
4 hour sessions	8.00 am – 12.00	FREE
	1-5 days	1.00 pm – 5.00 pm
6 Hour Sessions	9.00 am – 3.00 pm	
	1 – 3 days	FREE
	4 days	\$30.00
	5 days	\$70.00
Full Days	7.30 am – 5.30 pm	
	1-3 days	\$25.00 per day
	4 days	\$90.00
	5 days	\$110.00
Flat Rate	Per hour for additional hours	\$9.00
	Per half hour	\$4.50

PLEASE NOTE: As we are only licensed for a set amount of children at any one time, it is important children who leave us at 12.00pm, are picked up on time **unless prior arrangement is made with staff.**

A \$20.00 Enrolment Fee is payable at the time of Enrolment.

We offer a 10% Family Discount for younger siblings.

We prefer payments to be made by Direct Banking. Other payments can be made at the Office. Please add 35c to cheques.