

Penguins School of Early Learning Enrolment form

Application Date	Date of Entry	Date of Exit	Date Administration Fee Paid and Initial
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Childs Details		Penguins use only – National Identification Number:
Official Surname/Family Name:		
Official Given Name:		
Official other Names / Middle Names:		
Name your child is known by or preferred name:		
Ethnic Origin:		
Iwi your child belongs to:		
Language/s spoken at home:		
Is there anything else you would like us to know about your child’s culture or background?		
Copy of official identity verification document	<input type="checkbox"/> New Zealand Birth Certificate <input type="checkbox"/> New Zealand Passport <input type="checkbox"/> Foreign Birth Certificate <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Other: <input type="checkbox"/> Copy taken/included with application	
Childs date of birth	dd / mm / yyyy	Current age: Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Childs primary address:		
Childs primary phone number:		

Parent / Guardian Information

1. Given name/s:	2. Given name/s:
Surname / family name:	Surname / family name:
Address:	Address:
Home ph:	Home ph:
Place of work:	Place of work:
Work ph:	Work ph:
Mobile ph:	Mobile ph:
Email:	Email:
Relationship to Child:	Relationship to Child:

Parent / Guardian (if required)	Emergency Contacts (person/s we can contact should we not be able to contact a parent/guardian)
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3. Given name/s:	1. Given name/s:
Surname / family name:	Surname / family name:
Address:	Address:
Home ph:	Home ph:
Place of work:	Place of work:
Work ph:	Work ph:
Mobile ph:	Mobile ph:
Email:	Email:
Relationship to Child:	Relationship to Child:

Additional People Important To My Child (brothers / sisters, grandparents etc)

Name:	Name:	Name:	Name:
Relationship:	Relationship:	Relationship:	Relationship:

Authorisation to Pick Up: (people allowed to collect your child. You will need to inform us on each occasion)

Surname:	Surname:	Surname:
First name:	First name:	First name:
Phone (home):	Phone (home):	Phone (home):
Phone (work):	Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):	Phone (mobile):
Relationship to child:	Relationship to child:	Relationship to child:

Custodial Statement: are there any custodial arrangements concerning your child?

If yes, please provide details below, including any custodial arrangements or court orders (a copy of any court order is required)

Person/s who Cannot pick up your child

Name:	Name:
Relationship to child:	Relationship to child:

Enrolment Information: please select from the options below						
Full Day Enrolment						
Day of week	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours of attendance
Time of attendance						
Comments:	Please indicate whether you are flexible on the days you require:			Are you happy to start part-time first?		
I would like my child to be enrolled from: _____ (enter date)						
<p>Optional charges (please note these charges are included in our quoted fees, and relate to the 20 hours ECE subsidy. Please fill this section out even if your child is not currently 3)</p> <p>I understand that the optional charges detailed in the fee schedule contribute towards the services that Penguins School of Early Learning provides over and above the minimum regulations to ensure a high quality service. This includes a higher teacher to child ratio than required, additional qualified and registered teachers above the level of 80%, administration support staff, a cook, all meals, sunscreen, online portfolios, and technology facilities for staff and children. I understand that optional charges may be reviewed from time to time with other fee structure reviews and agree to continue to pay these.</p> <p>I understand that if I agree to pay the optional charge, Penguins School of Early Learning, may enforce payment. The agreement to pay the optional charges will last for the period for which my child is enrolled Penguins School of Early Learning.</p> <p>The rules about making changes to the agreement are:</p> <ul style="list-style-type: none"> Should you change your mind after submitting your application form to the waiting list, you have 5 working days in which to withdraw your consent to pay optional charges. Notice to withdraw consent must be given to and received by Penguins School of Early Learning in writing within 5 days. <p>I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty</p> <p>I agree/do not agree (circle one) to pay the optional charge for the activities/items specified in this enrolment agreement form.</p>						
Parent/Guardian Signature: _____ Date: _____						
Dual Enrolment Declaration						
I hereby declare that my child is not enrolled at another early childhood service at the same times he/she is enrolled here at Penguins School of Early Learning						
Parent/Guardian Signature: _____ Date: _____						
How did you hear / find out about Penguins?						
Health and Medical Information: please provide details below (completion of an individual health plan may be required)						
Childs Doctor:		Contact ph:		Surgery/Medical Centre Name:		
Does your child have any medical conditions? (e.g. asthma etc)						
Does your child have any allergies, food intolerances or food to be restricted/ excluded?						
Are there any medicines your child may be required to have at the centre (specify name of medicine, dosage and what it is for)						
Parent/Guardian Signature: _____ Date: _____						
Parent/Guardian Signature: _____ Date: _____						
Consent for Administration of Medicine						
Category (i) medicines						
A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite cream) that is not ingested, used for the "first aid" treatment of minor injuries and provided by Penguins and kept in our first aid cabinet.						
Do you approve of category (i) medicines to be used on your child? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick one)						
Name/s of specific category (i) medicines that can be used on my child, provided by the service:						
<input type="checkbox"/> Arnica Cream <input type="checkbox"/> Anthisan (insect cream) <input type="checkbox"/> Sunblock (cancer society brand)						
Parent/Guardian Signature: _____ Date: _____						
Category (ii) medicines						
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops) or non-prescription (such as cough syrup) 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 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 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, eczema, allergy or intolerance and is for the use of your child only.
For staff: Individual Health Form and / or pre-existing condition form given to parent / guardian: (to be completed with a staff member)
Name of medicine: _____
Method and dose of medicine required: _____
When does the medicine need to be taken (state time or specific symptoms): _____
Parent/Guardian Signature: _____ Date: _____
Pamol / Ibuprofen Free Centre
We are a pamol / Ibuprofen free centre. As a condition of enrolment you agree to not send your child to Penguins School of Early Learning while they require Pamol or any Ibuprofen based medications to get through the day. This includes reasons such as to artificially lower a temperature, or to treat pain (including teething, immunisation reactions). Medications such as these can mask symptoms of more serious infections such as meningococcal disease. Please refer to our Centre Policy around administration of medicine for more information. Sign and date below to indicate your understanding of this condition of enrolment.
Parent/Guardian Signature: _____ Date: _____
Immunisation Information (please provide your immunisation records for us to verify and copy. You will need to update us for any further immunisations)
Do you choose to immunise your child? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick one)
If yes, please circle all applicable below Date your child turned 15 months _____
Heb B Diptheria Pertussis Measles Rubella Polio Tetanus HIB Mumps Other _____

Office use only

Deposit paid		Sunhat given		Policies given	
Proof of identity		Direct Debit form		20 hours form	
Orientation guidelines		Immunisation		Room Booklet	

<p>Photos and Video</p> <ul style="list-style-type: none"> I agree to my child being observed, photographed and videoed for the purposes of assessment, planning and evaluation Photos and videos will be used to illustrate childrens learning through documentation such as wall displays, portfolios and in newsletters Separate consent will be requested from parents for setting up a childs individual portfolio online
<p>Enrolment Rights</p> <p>I understand that acceptance of enrolment of my child at Penguins is in no way an assurance or guarantee of continued enrolment should I be found to have breached the terms and conditions effective at the time of enrolment, including should a conflict of interest arise. A one off non-refundable administration fee is charged. If I leave the centre and wish to be re-enrolled this will be charged upon re-enrolment. It does not formulate part of the weekly fee. I accept that Management reserves the right to revoke enrolment</p>
<p>Unwell Children</p> <p>In signing this enrolment form I agree to the Centre Policy that I am not to bring my child to the Centre when they are suffering from any condition that is capable of being transmitted to other children.</p>
<p>Treatment and Testing of Children</p> <ul style="list-style-type: none"> I agree that in the event of any illness, medical condition or accident, or where the child's health may be at risk, I authorise the Management of the Centre to seek appropriate professional or medical advice or treatment as they consider necessary for the best interests of my child Health professionals routinely request to visit the Centre to perform vision, hearing and other Before Five tests on children. Separate consents will be requested from me before these tests are carried out and I consent to the results of these tests being discussed with my child's teacher and Centre Director if necessary
<p>Consent for Excursions</p> <ul style="list-style-type: none"> Consent for excursions will be sought from me before my child is taken outside of the Centre and I will have the opportunity to grant or deny permission Excursions will occur under the conditions stated in the Excursions Policy and I agree to pay additional charges required to cover costs if I wish my child to participate in the excursion
<p>Agreement to follow Centre Policy/Procedures</p> <p>In signing this enrolment form I agree to abide by the rules of the Centre as set down from time to time by Management, included in policy, and the expectations set out in the Parent Information Handbook</p>
<p>Fees Agreement</p> <ul style="list-style-type: none"> In signing this enrolment form I agree to pay the fees as per the current fee schedule at the time and I will pay, in advance, in accordance with the Fee Policy of the Centre. I acknowledge and agree to pay the appropriate fee for an enrolled day even if unable to attend due to illness or holiday, as I understand there is a charge for any and all absences and statutory holidays. I accept the "late pickup fee" for each 15 minutes (or part thereof) I am late collecting my child's after their session closing time. I agree to give two week's written notice of intent to withdraw my child from the Centre and to pay the associated fees regardless of whether or not my child attends. I agree to pay additional charges incurred should my child be absent for prolonged periods of more than 3 weeks. I agree to pay Fees by Direct Debit
<p>Parking, Escorting and Signing In</p> <ul style="list-style-type: none"> I agree that when dropping my child off at the Centre I will park in the area designated and will escort my child into the building and advise a staff member of my arrival before leaving my child in the Centres care. I will advise a staff member before taking my child from the Centre. I will sign my child in on arrival and out on departure daily. I understand and accept that it is a condition of enrolment that children driven to and from the Centre must travel in a child's car seat or restraint in accordance with Traffic Regulations
<p>Privacy Statement</p> <p>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</p>
<p>Fee Payment Responsibility</p> <ul style="list-style-type: none"> I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published policies and fee schedule. I understand and accept that irrespective of any arrangement with any third party (eg other adult, Work and Income Support Services, Accident Insurance, Trusts or Budget Services, etc) to pay the fees. The full responsibility to pay remains with me. I understand and accept that if any fee or charge remains unpaid, my child's enrolment may be forfeited, the debt passed to a Debt Collection Agency, and I will be responsible for any costs incurred in this process. I understand and accept that my child may be excluded from attending if I fail to pay fees in accordance with the Centre Policy and will continue to be excluded until such time as fees are bought up to date. Full charges for days excluded will be charged and I agree to pay these
<p>Centre Rules and Policies</p> <ul style="list-style-type: none"> I understand that the terms and conditions in this form are not exhaustive and that others are contained in published Centre Policy documents, Rules, Notices, Parent Handbooks, etc. I accept that the Centre reserves the right to add, amend, clarify or delete terms, conditions or policies by issuing Newsletters, Notices, or posting notification on one of the Centre Notice boards
<p>Centre Hours</p> <ul style="list-style-type: none"> I understand the Centre will close at 1.30pm on the last day of opening before Christmas and that usual fees will apply to this day. I understand the Centre will be closed for approximately two weeks over the Christmas/New Year period and that no charge will be incurred for these days. These closure dates will vary from year to year. I understand that the Centre hours are strictly 7.30am to 5.30pm; admittance before 7.30 will not be permitted
<p>Parent/Guardian Declaration</p> <ul style="list-style-type: none"> I have read the above terms and conditions and accept them. I declare that all the information I have given is true and correct to the best of my knowledge. I have been provided with the following policies: Adminisration of medicine, Fees, Late fee, Behaviour Management, and consent for online portfolio
<p>Parent/Guardian Signature: _____ Date: _____</p>
<p>Service Declaration</p> <p>On behalf of Penguins School of Early Learning, I declare that this form has been checked and all relevant sections have been completed.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>