



# the YMCA Community Early Years Learning Centre Enrolment Agreement Form

## 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:

## 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.

Copy of official identity verification document collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

Staff initials: \_\_\_\_\_

Child's date of birth:    dd / mm / yyyy

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:

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 of 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](#)

**Parents / Guardians: Please fill out the entire form**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Date of Birth:	Date of Birth:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Place of Work:	Place of Work:
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	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:	Relationship to Child:
Name:	Relationship to Child:
Name:	Relationship to Child:
Name:	Relationship to Child:

**Emergency Contacts (also able to pick up child, two must be local):**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:

**Child's doctor:**

Name:	Phone:
Name and address of medical centre:	

**Health**

Illness/allergies:

Food intolerances/allergies:

Is your child up to date with immunisations? *Tick One* Yes  No

(Please provide verification of all immunisations) NHI Number \_\_\_\_\_

**For staff:** Immunisation records sighted, and details recorded: *Tick One* Yes  No

## Medicine

### Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, and will be used as 'in-house first aid' treatment of minor injuries. It is provided by the service and is kept in the first aid cabinet.

Note: The service must provide specific information about the category (i) preparations that will be used.

Do you approve category (i) medicines to be used on your child? *Tick One* Yes  No

Name/s of specific category (i) medicines that can be used on my child, **provided by service**:

▪ Arnica cream (Nature's Kiss) Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Antiseptic (Bepanthen) Yes <input type="checkbox"/> No <input type="checkbox"/>
▪ Antiseptic liquid (Savlon) Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Icepack/vinegar/baking soda Yes <input type="checkbox"/> No <input type="checkbox"/>
▪ Sunscreen SPF 50+ (Nivea Sun; Smart365; Woolworths Every Day) Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Nappy Rash Cream (Sudocrem; Ecostore; Corn Flour) Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as cough syrup etc) medicine that is used for a specific period to treat a specific one-off condition or symptom. It is 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. The category (ii) medicine will be administered and documented in the medicines book, 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

Category (iii) medicines are given to a child regularly, i.e. ongoing and regular administration. The 'Ongoing Medication Administration Consent Form' is 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 epilepsy or diabetes 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## 2024 Fee schedule

	<b>Under 3 years</b>	<b>3+ years</b>
AM session 7am – 12pm (5 hours)	\$41.80	\$41.80
PM session 12:30pm-5:30pm (5 hours)	\$41.80	\$41.80
School day session 8:45am – 2:45pm (6 hours) – (Monday to Friday)	Not available	\$65.00 (full week) Incl. free ECE hours)
Full day session 7:00am – 5:30pm (10.5 hours)	\$63.80	\$39.60 (Incl. free ECE hours)
Full week 7:00am – 5:30pm (Monday to Friday)	\$297.00	\$198.00 (Incl. free ECE hours)
<b>Late Fee of \$25 for every 15 minutes will be charged for late pick-ups</b>		

### How did you hear about us?

Please tick as many boxes as applicable:

- Word of Mouth
- Website
- Radio
- Facebook
- Other (please elaborate):

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## Statutory Holidays / Term Breaks

This enrolment agreement is exclusive of school term breaks. We do, however, have a short close down period between Christmas and New Year. No fees are incurred during this period.

YMCA Community Early Years Learning Centre is not open on the following public holidays if they fall on a weekday.

New Year's Day	<input checked="" type="checkbox"/>	Easter Monday	<input checked="" type="checkbox"/>	Labour Day	<input checked="" type="checkbox"/>
Day after New Year's Day	<input checked="" type="checkbox"/>	ANZAC Day	<input checked="" type="checkbox"/>	Christmas Day	<input checked="" type="checkbox"/>
Waitangi Day	<input checked="" type="checkbox"/>	Queen's Birthday	<input checked="" type="checkbox"/>	Boxing Day	<input checked="" type="checkbox"/>
Good Friday	<input checked="" type="checkbox"/>	Matariki	<input checked="" type="checkbox"/>	Local Anniversary Day	<input checked="" type="checkbox"/>

## PERMISSIONS

**Excursions:** Permission for the child to take part in regular excursions (Ratios will not be less than the required adult: child ratio; 1:10 for over two's (one adult to ten children) and 1:5 for under two's (one adult to five children).0

Main YMCA Campus – tennis court, main field, OSCAR visits, etc	YES / NO
Be seen by the Public Health Nurse when she calls	YES / NO
Be taken to the Medical Centre in case of emergency	YES / NO

**Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation, as indicated:

Planning/assessment	YES / NO	Facebook	YES / NO
Teacher registration/study	YES / NO	YMCA Website	YES / NO
Newsletters	YES / NO	Marketing Material	YES / NO
Newspaper	YES / NO	Storypark	YES / NO

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Amber bead necklaces/Taonga:** Amber necklaces are popular, but there have been incidents of children aspirating them. A necklace can pose two potential hazards: strangulation and choking.

Our policy is to remove all necklaces and amber beads before children go to sleep. We do respect families who have pounamu/taonga and these will be treated with care and placed in a named container while the child is sleeping.

### Parent disclaimer:

My child's pounamu is to be removed by staff while my child is sleeping. I understand that in the unfortunate event of any injury or strangulation caused to my child by wearing her/his pounamu/necklace, the Centre will not be held accountable or liable.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Other information

- **Policy Statement:** YMCA Community Early Years 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 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 and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.

- **Other siblings at home and ages:**

### 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: Centre Manager to sign

On behalf of YMCA Community Early Years Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_