

NATURE'S NEST EARLY LEARNING CENTRE ENROLMENT FORM

33 Glenmore Drive, Warkworth
P.O.Box 462, Warkworth 0941
Email: warkworth@natures-nest.co.nz

➤ Child:

Child's first names:

Surname:

Name your child is known by:

Child's date of birth:

Male

Female

Ethnic origin:

Iwi your child belongs to:

Child's home address or addresses:

Postcode

➤ Parents / Guardians:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Relationship to child:

Relationship to child:

Occupation:

Occupation:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Relationship to child:

Relationship to child:

Occupation:

Occupation:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Privacy Statement: All personal information on your child will be kept securely and remain confidential.
Any changes to this form **must** be signed and dated by the parent/guardian.

➤ **Emergency Contacts:**

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
First Names:	
Surname:	
Address:	
Post Code:	
Relationship to child:	
Phone (Home):	
Phone (Work):	
Phone (Mobile):	
Email:	
Doctor:	
Name:	Phone:
Address:	

➤ **Enrolment Details:**

Enrolment Date: ___ / ___ / ___	Start Date: ___ / ___ / ___	Leaving Date: ___ / ___ / ___
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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	
Times Enrolled:						Total number of hours:

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

20 Hours ECE at this service

Total number of hours:

20 Hours ECE at another service

Total number of 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

2. 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.
- You 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: ____ / ____ / ____

➤ **Statutory Holidays : Nature's Nest Warkworth is open all school term breaks and closed all public statutory holidays listed below**

New Years Day	x	Easter Monday	x	Christmas Day	x
Day after New Year's Day	x	ANZAC Day	x	Boxing Day	x
Waitangi Day	x	Queen's Birthday	x	Auckland Anniversary Day	x
Good Friday	x	Labour Day	x		

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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: Nature's Nest Early Learning Centre, Warkworth.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

➤ **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:

➤ **Health**

Illness/allergies: (please list)

Is your child up-to-date with immunisations?

Tick One Yes No

(Please provide verifications of all immunisations)

Immunisations record sighted and details recorded:

Tick One Yes No

➤ **Medicine**

Category (i) Medicines

A category (i) medicine is a non-prescription preparation 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: Medicines/homeopathies that we have available are Arnica cream/spray, nappy rash cream, antiseptic liquid, lavender oil/spray or eucalyptus oil, natural teething spray.

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**:

-
-
-

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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Category (ii) 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

Individual health plan completed and signed:

Yes

No

Tick One

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: ____ / ____ / ____

➤ Additional information requiring approval for enrolment

- **Excursions:** My child has my permission to participate in spontaneous local community walks such as; to the library or local park/reserve with other children and regulated staff. Ratios are 1:3 for under 2's and 1:4 for over 2's. Conditions stated in the excursions policy including ratios by means of public transport will be adhered to at all times.
- **Medical emergency:** I authorise a senior staff member, in the event of illness or accident, to seek medical or other advice as deemed necessary, for my child's best interest.

- **Photos:** As part of the planning process we gather art work and photos of all children, I agree that my child may have their photo taken by employed staff and students in training for assessment purposes.
- **Advertising Material:** I understand photos may be used for Nature's Nest promotional material such as newsletters, Facebook, website and local news papers. Permission will be sort prior to publishing.

- **Policy Statement:** Nature's Nest 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.
- **Centre Information Sheet:** Please ensure you have read the centre information as it covers important details about Nature's Nest such as policies, centre guidelines, subsidies that are available to you and ways in which we can help you and your child settle into our centre.
- **Amber Beads:** As per our policy we do not allow the children to go to bed with amber beads on, if you would like your child to keep them on during sleep time please sign here: _____

- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.
- **Payment of fees:** I agree to pay childcare fees as per the Centre's attached Terms of Trade and understand that any costs incurred in the recovery of overdue fees will be payable by me.
- **Holidays:** I am aware that fees are still payable when my child is absent. I am entitled to up to 3 weeks absence per year at 50% discount (with 2 weeks notice).
- **Sun Screen:** I agree that staff may apply sunscreen to my child as per Sun Sense Policy

- **Birth Certificate:** I have supplied my child's birth certificate

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➤ **Parent Declaration**

I declare that all the above information is true and correct to the best of my knowledge

Parent/Guardian Signature:

Date: ____ / ____ / ____

➤ **Centre Declaration**

On behalf of Nature's Nest Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Centre Supervisor Signature:

Date: ____ / ____ / ____

(Have all pages been signed? Y / N)

➤ **Change of Days/Times of Enrolment:**

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service					
20 Hours ECE at another service					

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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20 Hours ECE at this service					
20 Hours ECE at another service					

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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