

Child's details

Child's <b>official surname</b> or <b>family name</b> :			Child's DOB:			
Child's <b>official given name</b> :			<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Child's <b>official other names / middle names</b> :			Copy of official identity verification			
Name you child is known by / <b>preferred name</b> :			document* collected by staff:			
Surname/Family name:		Given name:		<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
Child's ethnic origin/s:	Iwi your child belongs to:	Language/s spoken at home:		<b>Staff initials:</b> _____		
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				
Child's primary residential address: _____						
Post code: _____						

Family details

<b>Parents / Guardians:</b>						
1:	Given names:	Surname/Family name:	Phone:	Home:	Work:	Mobile:
Address: _____						
Post code: _____						
Relationship to child:			Email:			
<b>Parents / Guardians:</b>						
2:	Given names:	Surname/Family name:	Phone:	Home:	Work:	Mobile:
Address: _____						
Post code: _____						
Relationship to child:			Email:			
Does your child attend church?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, which Church?

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 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 The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

## Access

Additional person/s who can pick up your child:			
Given Names:	Relationship to child:		Phone:
Given Names:	Relationship to child:		Phone:
Given Names:	Relationship to child:		Phone:

## Emergency Contacts

Two Emergency contacts (also able to pick up your child)			
Given Names:	Relationship to child:		Phone:
Address:    Number    Street	Suburb		Post code
Given Names:	Relationship to child:		Phone:
Address:    Number    Street	Suburb		Post code
Family Doctor: Doctor's Name                      Medical Centre			Phone:

## Custodial

Custodial Statement	
Are there any custodial arrangements concerning your child?	Tick one: <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please give details of any custodial arrangements or court orders (a copy of court order is required)	
Person/s who <b>cannot</b> pick up your child	
Name:	Name:
Name:	Name:

## Health

Is your child up to date with immunisations?	Tick one: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a named copy of your immunisation certificate	
For staff: Immunisation records sighted and details recorded:	Tick one: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any Medical Conditions, Allergies or Health Problems? For example: asthma, diabetes, etc	
If so, please list below and discuss with staff if on-going treatment is required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hat Policy</b> I understand that my child requires to use a sunhat during Term 1 and Term 4 (provided).	<input type="checkbox"/> Yes

## 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.	
The category (i) medicines I give permission to be used on my child, <b>provided by service:</b>	
<input type="checkbox"/> Arnica Cream	<input type="checkbox"/> Sunscreen
<input type="checkbox"/> Antiseptic Cream	<input type="checkbox"/> Nappy Rash Cream (Sudocrem)
<input type="checkbox"/>	<input type="checkbox"/> Hand Sanitiser
<input type="checkbox"/>	<input type="checkbox"/> Anthisan (for insect bites)
Parent / Guardian signature: _____	Date: _____
<b>For all other medicines required by your child (short or long term) please see Cornerstone staff.</b>	

**Enrolment details**

Date of enrolment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of entry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of exit: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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	Total hours
Times enrolled eg 8.30 - 3.00 pm						

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**20 Hours 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 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 information contained in this box.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dual Enrolment Declaration**

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 Cornerstone Christian Early Learning Centre.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission**

**I give permission for the following:**

	Yes	No
1. Medical attention to be obtained for my child in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>
2. My child to go on scheduled trips away from the Centre with a ratio of 1 adult to 2 children (via Permission slip).	<input type="checkbox"/>	<input type="checkbox"/>
3. My child to be outside the immediate Cornerstone grounds with a ratio of 1 adult to 6 children, for the purpose of visiting places within walking distance in our local community (eg. trips to Middleton Grange School and Elms Court Retirement Village).	<input type="checkbox"/>	<input type="checkbox"/>
4. Photos of my child to be taken for use in profile books, newsletters and group learning displays.	<input type="checkbox"/>	<input type="checkbox"/>
5. Photos of my child to be used for advertising purposes (i.e. brochures, on our website).	<input type="checkbox"/>	<input type="checkbox"/>
6. Parent/guardian phone numbers to be given to other parents if requested.	<input type="checkbox"/>	<input type="checkbox"/>
7. To give relevant child details to the Canterbury District Health Board as and when requested by them for the purpose of the Vision and Hearing Testing Service.	<input type="checkbox"/>	<input type="checkbox"/>
8. To aid the smooth transition to school, I give permission for relevant information about my child to be shared with the Primary School they will attend when requested.	<input type="checkbox"/>	<input type="checkbox"/>

**Terms and Conditions**

**Payment of Fees**

I understand that I am to pay fees on a weekly or fortnightly basis unless an agreement is formed between me and the Office Management Team for another timeframe.

I understand that if my account is in arrears my child's enrolment may be cancelled with one weeks notice and the account will be passed onto a Debt Collector.

I accept that the responsibility for payment of fees rests with me, irrespective of any arrangement with third parties, for example MNZ, for payment.

The Centre reserves the right to change the fee rates and fee policy at any time following reasonable notification in writing to all affected families.

I accept that when my child is absent I will be charged normal fees.

**Late Fee**

I acknowledge that if my child is picked up later than the end of a session, this has an impact on the programme and staffing. I may therefore be required to pay a late fee of up to \$60.

I understand that if I consistently collect my child late, my child's enrolment may be terminated after one verbal and one written warning.

**Reduce or Cancellation of Enrolment**

I understand I am required to set termly bookings for my child and if these are to reduce I will need to request this change at the start of each school term.

To permanently cancel my child's enrolment I am to give four weeks written notice. Management discretion can be applied to booking reductions or cancellations.

If I can't meet the above conditions I will be charged normal Centre fees plus any lost MoE funding for the notice period I was required to give.

**Holidays**

This enrolment agreement is inclusive of term breaks. Cornerstone Christian Early Learning Centre - Middleton (CCELC-M) will be closed for statutory holidays and 3 weeks over Christmas (incl. statutory holidays). When the Centre is not closed, we will charge normal Centre fees for each day of your holiday to ensure your place is kept open. Please note that the Ministry of Education (MoE) will fund absences for the first three weeks of absence only. On the fourth week MoE funding stops and we will charge full Centre fees plus any lost MoE funding for that week and any following weeks to ensure your place at CCELC-M is kept open.

**For children eligible for the ECE scheme**

I understand that if my child attends over 6 hours per day/20 hours per week I will be required to pay Centre fees.

I understand that Cornerstone Christian Early Learning Centre is based on principles and teachings of Jesus Christ and Biblical Truths.

I have understood and agree to all terms and conditions of this contract and have provided the appropriate material requested.

I agree to the above terms and conditions.

Parent / Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Declarations**

**Parent / Guardian Declaration:** I declare that all the information on this form is true and correct to the best of my knowledge.

Parent / Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Service Declaration**

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

Service Provider: \_\_\_\_\_

Date: \_\_\_\_\_