



The Cat's Pyjamas Preschool & Nursery  
Rolleston

Enrolment Agreement Form

◆ Child's details:

Child's Official First Name:	Child's Official Surname:
Child's official other names / middle names: (please separate names with a comma):	
Name your child is known by / preferred name:	
First Name:	Surname name:
Copy of official identity verification document collected by staff:	
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport
<input type="checkbox"/> Other _____	Staff initials: _____
Child's date of birth:    dd / mm / yyyy	Male / Female
Ethnic origin:	
Iwi your child belongs to:	
Language/s spoken at home:	
Child's primary residential address:	
Post Code:	

◆ Privacy Statement:

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](http://www.minedu.govt.nz/parents)

Parents / Guardians:

First Names:	First Names:
Surname:	Surname:
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:

**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:** Please list two people we can contact in an emergency to collect your child if you are unavailable

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

**Person's who can pick up your child: additional to parent/guardian and emergency contacts**

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

**Doctor:**

Name:	Phone:
Name of medical centre:	

**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:

### ◆ Enrolment Details:

Date of Enrolment: \_\_\_ / \_\_\_ / \_\_\_ Date of Entry: \_\_\_ / \_\_\_ / \_\_\_ Date of Exit: \_\_\_ / \_\_\_ / \_\_\_

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:

**For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours. Please note: 20 Hours ECE is for up to six hours per day, up to 20 hours per week.**

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: \_\_\_ / \_\_\_ / \_\_\_

### ◆ 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 [insert name of service].

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

Health	
A gentle reminder that we are a nut free centre (incl. tree nuts). Please check packaging before sending food in your child's lunch box.	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

Medicine	
<b>Category (i) Medicines</b>	
A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) 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: 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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by The Cat's Pyjamas Preschool & Nursery (circle as appropriate):	
<ul style="list-style-type: none"> <li>▪ Arnica Cream</li> </ul>	<ul style="list-style-type: none"> <li>▪ Antiseptic Liquid &amp; Cream</li> </ul>
<ul style="list-style-type: none"> <li>▪ Sunscreen</li> </ul>	<ul style="list-style-type: none"> <li>▪ Saline Solution</li> </ul>
<ul style="list-style-type: none"> <li>▪ Insect Bite Cream</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plasters</li> </ul>
I understand that in an emergency staff will apply immediate first aid as deemed necessary for the protection of my child while he/she is in their care. I understand that this includes calling the doctor named on the enrolment form, implementing the doctor's instructions, calling an ambulance, and/or transporting my child to hospital or medical centre if unable to contact me to obtain my consent. I understand that my child may be taken to an alternative location in a severe emergency, e.g. civil defence post.	
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 or eczema etc and is for the use of that child only.	
<b>For staff:</b> Individual health plan sighted and a copy taken:	<i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
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: ____ / ____ / ____	

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**◆ Permissions (please cross out any statements you do not give permission for)**

- I give permission for my child to leave The Cat's Pyjamas Preschool & Nursery Rolleston in the company of staff on walking excursions as part of The Cat's Pyjamas' Programme, with a minimum ratio of 1:6 for over 2's and 1:3 for under 2's.
- I give permission for my child to take part in regular excursions (under the conditions stated in the excursions policy). Information and permission slips will also be sent from parents/guardians prior to all planned excursions, excluding walking excursions.
- I give permission for my child's photographs to be used for centre displays and child or centre profile books.
- I give permission for my child's photographs to be used for The Cat's Pyjamas' promotional and advertising medium, such as The Cat's Pyjamas' website ([www.catspjs.co.nz](http://www.catspjs.co.nz)), and newspaper advertising.
- I give permission for staff to make written observations of my child while participating in the programme, for the purpose of assessment and programme planning.
- I give permission for staff to apply basic first aid to my child.
- I give permission for the centre's sunscreen lotion to be applied to my child.
- I give permission for my child to be taken to an alternative location in the event of an emergency, e.g. civil defence post.
- I give permission for staff to change my child's clothes or nappy (if applicable) if required.
- I give permission for my child's hearing and vision to be checked as part of the B4 school check by the Ministry of Health - See more at- <http://www.kidshealth.org.nz/hearing-and-vision-checks-pre-school-children>.

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

**◆ Fee Schedule & Conditions**

- I agree that I will pay fees fortnightly in advance in accordance with the centre's fee schedule for the greater of time booked or attended, including statutory holidays and sick days.
- I agree to give two week's notice in writing if I wish to reduce my booking and three week's notice in writing if I wish to withdraw my child from the service.
- I understand that if my child is dropped off before their booking in time or collected after their booking out time and I have not made prior arrangements with the centre, I will be charged a fee of \$5.00 per five minutes.
- I understand that if my child is collected after closing time, which is 6.00pm, I will be charged a late fee of \$20.00 per 15 minutes.
- I acknowledge that my child's booking can be cancelled if fees remain outstanding after four weeks.
- I understand that there is a 10% penalty added to any unpaid invoice after four weeks.
- I acknowledge any costs incurred by Debt Collection agencies will be passed onto me for payment as a result of the centre taking action against unpaid accounts.
- I agree to pay 50% of fees charged in the event of an emergency closure for up to 3 days of closure only.
- I understand that a 50% discount will apply for holidays taken if my booking is classed as full time and two weeks' written notice is given in advance. A maximum of four weeks holiday a year.

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

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## Holidays & Absences

- If a public holiday falls on a day that your child would normally attend the centre, full fees are payable.
- Sick days are also payable in full; there is no provision for make-up days.
- For children that pay full week fees, a 50% deduction off the normal rate of fees payable is given, provided two weeks' written notice is given. A maximum of four weeks holiday can be taken in any year.
- This enrolment form is inclusive of school term breaks.
- \* Please note that holiday discounts are not available to children receiving 20 Hours ECE or WINZ childcare subsidies.

## WINZ Subsidies

Please check with Work and Income to see if you are eligible for a childcare subsidy. Full fees are payable until any subsidy is approved by WINZ.

## ◆ Other Information

- **Policy Statement:** The Cat's Pyjamas Preschool & Nursery 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 into policy review.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as daily requirements, fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.

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

## ◆ 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

On behalf of The Cat's Pyjamas Preschool & Nursery, I declare that this form has been checked and all relevant sections have been completed.

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

## ◆ Checklist of items required to be attached to your Enrolment Form:

I have attached a copy of my child's birth certificate or passport	
I have attached a copy of my child's immunisation certificate	
I have paid a non-refundable enrolment fee of \$30	
Legal Papers if required (e.g. custody papers)	

**Thank you for choosing to enrol your child at The Cat's Pyjamas Preschool & Nursery.**

**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.

◆ **For Office Use Only:**

Ceased Enrolment Details

Date Enrolment Ceased: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Three weeks' notice in writing Received

Y / N

Account Finalised

Y / N

Account Referred to Baycorp

Y / N

Change of Days/Times of Enrolment Child's Name:						
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: ____ / ____ / ____						

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: ____ / ____ / ____						

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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