

# Learning Curves Childcare Centre Enrolment Agreement Form



◆ CHILDS DETAILS:		
Child's <b>official surname</b> or family name:		
Child's <b>official given name</b> :		
Child's <b>official other names / middle names</b> : <i>(please separate names with a comma)</i> :		
<b>Name your child is known by / preferred name:</b>		
Surname / family name:		Given name:
<b>Official Identification Document/s sighted by staff:</b> <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 _____		<b>Childs Date of birth:</b> _____ / _____ / _____ dd          mm          yy <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
Child's primary residential address:		
Post Code:		

◆ PRIVACY STATEMENT:
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>We will use and disclose your child's information only in accordance with the Privacy Act 2020. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• for funding allocation purposes</li> <li>• for monitoring purposes</li> <li>• to allow the assignment of a National Student Number* to your child, and</li> <li>• 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.</li> </ul> <p>Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.</p> <p><i>* 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 <a href="http://www.nzqa.govt.nz/login/national-student-number-nsn">http://www.nzqa.govt.nz/login/national-student-number-nsn</a></i></p> <p style="text-align: center;">* Information about acceptable identity verification documents is available online at <a href="http://www.nzqa.govt.nz/login/national-student-number-nsn">http://www.nzqa.govt.nz/login/national-student-number-nsn</a></p> <p><b><i>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.</i></b></p>

Any changes to this form **must** be signed and dated by the parent/guardian.

**◆ PARENTS / GUARDIANS:**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:  Post Code:	Address:  Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:  Post Code:	Address:  Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

**◆ ADDITIONAL EMERGENCY CONTACTS (ALSO ABLE TO PICK UP CHILD)**

<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Relationship to child:	Relationship to child:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:  Postcode:	Address:  Postcode:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

*Identification will be collected and stored securely in accordance with our Privacy Policy for Child protection purposes, and in the event of debt collection proceedings.*

Any changes to this form **must** be signed and dated by the parent/guardian.

**ADDITIONAL PERSON/S WHO CAN PICK UP YOUR CHILD:**

<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address: Postcode:	Address: Postcode:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	ID provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

**◆ 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: *(persons known to you or your child)*

Name:	Name:
Name:	Name:

**◆ CHILD'S DOCTOR:**

Name:	Phone:
Name of medical centre:	

**◆ HEALTH:**

Illness / Allergies:

Does your child have any health issues we need to be aware of? (Asthma, Eczema, etc)

Does your child have **special dietary needs** we need to be aware of? (Vegetarian, etc):

Is your child up to date with immunisations? <i>(Please provide verification of all immunisations)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Centre Use: Immunisation records sighted, and details recorded:</b>	<input type="checkbox"/> 15m	<input type="checkbox"/> 48m
I give permission for basic first aid to be administered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I authorise the centre to seek medical help for my child in case of an emergency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have read and agree to abide by Learning Curves' "Illness and Medication" policy <i>(Induction Book)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand I will need to make alternative childcare arrangements if my child is unwell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree that I (or an emergency contact) will be easily contactable and able to collect my child promptly should they become unwell during the day	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any changes to this form **must** be signed and dated by the parent/guardian.

## ◆ MEDICINE

### Category (i) Medicines

A category (i) medicine is a non-prescription preparation provided by Learning Curves Childcare Centre that is not ingested, they are used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.

Some of the types of category (i) medicines that may be used here at Learning Curves are: Arnica (for bruising) Insect Repellent, Nappy Barrier Cream, Sunblock etc

Do you approve the following category (i) medicines to be used on my child by Learning Curves Childcare Ltd:

- |                              |                              |                          |                              |
|------------------------------|------------------------------|--------------------------|------------------------------|
| • <b>Arnica / Calendula</b>  | <input type="checkbox"/> Yes | ▪ <b>Hypercal Lotion</b> | <input type="checkbox"/> Yes |
| • <b>Insect Repellent</b>    | <input type="checkbox"/> Yes | ▪ <b>Sunblock</b>        | <input type="checkbox"/> Yes |
| • <b>Nappy Barrier Cream</b> | <input type="checkbox"/> Yes | ▪ <b>Pawpaw ointment</b> | <input type="checkbox"/> Yes |

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

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

### Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) 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 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 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 is to be given.

I acknowledge medication will not be administered outside of the prescription or manufactures guidelines.

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.

**For staff: Individual health plan sighted, and a copy taken:**  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: \_\_\_/\_\_\_/\_\_\_

## EXCURSIONS:

I understand that the centre may like my child to join them on walks/visits in the local community (local park, shops, school, library etc). The ratios for these excursions would be a maximum of 1:7 for over 2's and 1:2 for under 2's.

I give permission for my child to participate in these excursions  Yes  No

Parent Signature \_\_\_\_\_

## DOES YOUR CHILD HAVE ANY CULTURAL/RELIGIOUS BELIEFS WE NEED TO BE AWARE OF?

## PHOTOS/VIDEOS

At Learning Curves, the children are often photographed for the purpose of assessment, planning and evaluation and as part of our everyday learning experiences. We believe these photographs are an important part of your child's time here at Learning Curves and we use these photos in the children's portfolios, wall displays, teacher/student training purposes, newsletters, social media, centre promotion and on our website.

I give permission for my child to be photographed for the purposes listed above  Yes  No

Parent Signature \_\_\_\_\_

Any changes to this form **must** be signed and dated by the parent/guardian.

**◆ ENROLMENT DETAILS:**

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

**We are open Mon-Friday 7.30am-5.30pm (except Statutory holidays, Christmas Eve when we close earlier and the weeks with stat holidays following Christmas/New Year when we are open 8.00am-4.30pm). Full day fees are based on an average 8.5-hour day and School Day fees are based on a 7-hour day (8.30-3.30).***Please note 20 Hours ECE is for up to 6 hours per day, up to 20 hours per weeks and there must be no compulsory fees when a child is receiving 20 Hours ECE funding*

Days Enrolled:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	
Times Enrolled:						Total hours:

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

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total 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?  Yes  No
2. Is your child receiving 20 Hours ECE at any other services?  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 Learning Curves Childcare Centre.

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

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

**ADDITIONAL INFORMATION**

## ▪ Policy Statement:

Learning Curves 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. Policies can be requested from the office, or a selection can be found online at <http://www.learningcurves.co.nz/helpful-links>

## ▪ Parent Information:

Please ensure you have read the information in the Whanau Induction Booklet as it covers such things as fee details, centre information and ways in which we can help you and your child settle into the service.

**◆ STATUTORY HOLIDAYS / TERM BREAK**

This enrolment agreement is inclusive of school term breaks.

Any changes to this form **must** be signed and dated by the parent/guardian.

**TERMS AND CONDITIONS – PLEASE READ CAREFULLY AND SIGN AT BOTTOM OF SECTION**

These terms and conditions are to be read and agreed in conjunction with the centre policies, regulations and the Whanau Induction Booklet

*Please tick*

- I understand that I must hand all medication to staff on arrival and fill in and sign the medicine chart

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- I have read and agree to abide by Learning Curves Accident, Illness and Medication policy (including respecting exclusion periods) and understand that I may not bring my child to the centre if they are suffering from ANY condition that is capable of being transmitted to another person or if they are not well enough to participate in a normal centre day. I also agree to collect my child without delay if they become ill while in care

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- I understand that my child’s fees have to be paid weekly in advance (by Friday for the following week)

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- I will give 2 weeks advance notice if my child is leaving the centre, or I understand I will be charged 2 weeks fees in lieu. I understand my child’s account balance must be cleared by their final date of care. Acceptance of enrolment of my child at this service is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. Management reserves the right to terminate enrolment or vary the conditions with 2 weeks’ notice

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- I understand that if I am eligible for a WINZ subsidy it is my responsibility to ensure all paperwork is completed and I agree to pay the account in full until the subsidy has been approved and confirmation and payment received by the centre

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- I understand that my child is entitled to either 4 weeks at 50% fees OR 2 weeks free leave for holidays per calendar year and that these discounts can only be used for full weeks. If you receive a WINZ subsidy the 50% reduction will only be for the parent fee portion

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- A \$30.00 enrolment fee is payable when enrolling your child at Learning Curves Childcare Centre

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- I understand that if I am late to collect my child **OR** arrive before or after the set school day times a charge of \$10 per 10 minutes or part thereof will be charged to my account

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- I understand fees are payable in advance by automatic payment to our bank account. Any outstanding account balances will incur a 10% late fee payment penalty weekly. Please note that full fees are payable for all public/statutory holidays and sick days as these have been taken into account when calculating our fee structure. We do not offer make-up days.

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- Due to our advance fee requirement, we envisage that bad debts will mostly be avoided – however bad debts will not be tolerated. If your child’s account remains unpaid after receiving overdue account invoices then you will be asked to collect your child immediately, your child’s enrolment at the centre will be terminated and the centre will forward the account to a debt collection agency. If this situation occurs, YOU will be responsible for ALL costs incurred in this process

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- At Learning Curves, we aim to keep fee reviews to annual only to provide consistency to whanau. At times, the Ministry of Education or other regulatory bodies change the financial contributions they make to early childhood education or the funding system and when this happens additional fee reviews maybe needed.

*I have read, understood, and agree to the conditions mentioned above*

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 Learning Curves Childcare Centre, I declare that this form has been checked and all relevant sections have been completed.

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

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

**OFFICE USE ONLY**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Childs ID                | <input type="checkbox"/> Parents ID      | <input type="checkbox"/> Reg Fee Charged  |
| <input type="checkbox"/> Medicine i               | <input type="checkbox"/> Medicine ii     | <input type="checkbox"/> Medicine iii     |
| <input type="checkbox"/> Excursions               | <input type="checkbox"/> Photos / Videos | <input type="checkbox"/> School Day T&C's |
| <input type="checkbox"/> Vaccination Certificate: | <input type="checkbox"/> 15M             | <input type="checkbox"/> 4Yrs             |

**NOTES**

Any changes to this form **must** be signed and dated by the parent/guardian.



Dear Families,

We are excited to announce that we use Storypark – a secure, private online space to ensure your child receives the best support possible and that you are involved and up to date with your child’s development.

Storypark provides each child with an online community which you (their parent/guardian) own and control who has access to, at no cost to you, for as long as you wish.

Storypark helps teachers, children and families:

- improve understanding of each child’s interests and abilities so they receive even better support
- deepen relationships and strengthen communication
- share videos, photos and text capturing children’s learning and development
- create a portfolio of your child’s learning that travels with your child and can be accessed by you forever
- reinforce experiences and deepen children’s learning
- capture family culture and heritage
- involve the children in their portfolio
- interact quickly and effectively through iPhone, Android and tablets
- create smooth transitions when your child moves from one teacher/centre to another.

You can choose to add your own stories or leave comments and feedback for children and our teaching team. You can also choose to share these stories with family members if you wish. We hope that you will invite your extended family so that the children have an authentic audience who are genuinely interested in their learning.

Obviously, we have considered the aspects of cyber-safety and made sure our teaching team have the knowledge and skills to ensure we are cybersafe. Storypark takes security very seriously. Storypark is not open for anyone to read, it is a password-protected private space for you, your child’s teachers and your family.

Content we add will only be shared with our teachers and the family members you choose to invite. No personal information is shared with any third party.

**What do you need to do now?** With your permission, we will create and invite you to your child’s Storypark community. All you need to do is accept the invite and participate.

We welcome your feedback and look forward to providing an even more responsive, innovative and valuable experience for you and your child.

*If any family breaches this condition their Storypark account at the centre will be permanently suspended.*

Any changes to this form **must** be signed and dated by the parent/guardian.



## Storypark Privacy and Consent Statement

By signing below, you agree that:

- Your child's details and work as well as photos, images, audio and videos in which your child is depicted may be included in Storypark. Incidental use of their image may appear in another child's Storypark account (for example in group photos, or group stories)
- Your child's profile will be linked to the Learning Curves account and be accessible to any educator invited by Learning Curves for educational purposes. This may also include educators, mentors or managers who support their teaching.
- Your child may appear in group stories that can be viewed by the families of the other children in the stories, including when those other children leave Learning Curves, if they continue to maintain a Storypark profile.
- You will not share, outside of Storypark, any content, photos, videos or stories that feature any children other than your own, without the permission of those children's parents or guardians.
- Learning Curves may keep a copy of your child's portfolio for a specified amount of time to comply with ECE Regulatory requirements.
- You will act responsibly and not post inappropriate content in Storypark.

Childs Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

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

Any changes to this form **must** be signed and dated by the parent/guardian.