

Enrolment Agreement Form

Hillpark Preschool Limited

◆ **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:

Copy of **official identity verification document*** sighted by staff:

New Zealand birth certificate

Foreign birth certificate

Number: _____

Number: _____

New Zealand passport

Foreign passport

Number: _____

Number: _____

Other _____

Staff initials: _____

Child's date of birth: / /

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:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).

Additionally, all Privacy statements must include the exact wording below:

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

Parents / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
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:
Additional person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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 <u>cannot</u> pick up your child:	
Name:	Name:
Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Child's doctor:	
Name:	Phone:

Health:			
Illness/allergies:			
Dietary Requirements:			
Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes <input style="width: 20px; height: 20px;" type="checkbox"/>	No <input style="width: 20px; height: 20px;" type="checkbox"/>
(Please provide verification of all immunisations)			
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	Yes <input style="width: 20px; height: 20px;" type="checkbox"/>	No <input style="width: 20px; height: 20px;" type="checkbox"/>
		<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
		<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
		<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
		<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
		<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>

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, 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 style="width: 20px; height: 20px;" type="checkbox"/> No <input style="width: 20px; height: 20px;" type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
<ul style="list-style-type: none"> ▪ Arnica Cream 	<ul style="list-style-type: none"> ▪ Papaw Ointment
<ul style="list-style-type: none"> ▪ Antiseptic Cream 	<ul style="list-style-type: none"> ▪ Insect Bite Cream
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.	
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 for this file:

Yes No

Tick One:

◆ Enrolment Details:

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

Please Note: We have a minimum of 6.5 hours per day and two days per week. 20 Hours ECE is for up to six hours per day, up to 20 hours per week.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
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?

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 Hillpark Preschool.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Optional Charges:

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook

1. The optional charge is for:

- Field trips and outings requiring transportation (we only use bus services) and/or entry fees.
- Time over and above 20 hours ECE (maximum of 6 hours ECE per day can be claimed).

2. I understand that if I agree to pay for the optional charge, Hillpark Preschool may enforce payment.

3. The agreement to pay the optional charge will last until the end of the child's enrolment at Hillpark or by mutual agreement between both parties.

4. The rules about making changes to the agreement are:

- 2 weeks written notice is required for amendments or cancellations.
- Child may not be able to attend on that day or participate in the activity.

5. I understand that optional charges are not compulsory and if I choose not to pay there will be no penalty.

6. I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks:

This enrolment agreement is **inclusive** of school term breaks.

If your service is open on Statutory Holidays, parents need to confirm enrolment for each individual statutory holiday.

Hillpark Preschool is NOT open on public holidays if they fall on a weekday.

Permissions- Please sign if you agree to the following:	
<ul style="list-style-type: none"> ▪ Excursions: I give permission for my child to take part in regular excursions (under the conditions stated in the service's excursions policy). Parents will be notified in advance of any planned, non-local excursions. 	
Parent/Guardian signature _____	Date _____
<ul style="list-style-type: none"> ▪ Photo/video/Educa/Facebook: I give permission for my child to be photographed for the purposes of assessment, planning and evaluation. And to be added to Educa and Facebook – both private apps. Any other photos/videos not used for the above purposes must be approved beforehand in writing by the parent/guardian. 	
Parent/Guardian signature _____	Date _____
<ul style="list-style-type: none"> ▪ Hearing & Vision: I give permission for my child to be tested by Counties Manukau Health for vision, hearing and glue ear (tympanometry) at preschool. This consent allows for test results to be entered on to the B4 School database. 	
Parent/Guardian signature _____	Date _____

Other Information:
<ul style="list-style-type: none"> ▪ Policy Statement: Hillpark Preschool 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.
<ul style="list-style-type: none"> ▪ Parent Information Book: Please ensure you have read the information in the parent handbook as it covers such things as: food allowances, choking risks, illness information, subsidies that are available to you and ways in which we can help you and your child settle into the service.
<ul style="list-style-type: none"> ▪ Child's strengths, interests and preferences: Please tell us about your child's strengths, interests and preferences. An "All About Me" handout will be given to you upon enrolment to complete.
<ul style="list-style-type: none"> ▪ Transitional School Visits: Information on transition arrangements.

◆ 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 Hillpark Preschool, I declare that this form has been checked and all relevant sections have been completed.
Service Provider Signature: _____ Date: ____ / ____ / ____



Fee Agreement

Dear Parents,

Please read our terms and conditions below. Once you have read them please sign at the bottom if you agree to accept them.

Please read our terms and conditions and sign below:

- Late fees will be charged if a child/children are not picked up by their booked time. This will be sufficient to cover staff costs and a penalty fee of \$10.00.
Fees for extended hours are \$10.00 per hour or part there of over and above the child's booked hours.
- Weekly invoices will be issued for all accounts.
- A receipt will be issued at the end of the financial year or on request.
- Fees are payable **weekly by automatic payment** unless prior arrangements are made (late payment may incur penalties).
- Fees are payable irrespective of public holidays and absences due to illness or family holidays above the centre allowance.
- Hillpark offers 2 weeks free annual holiday from 6 months of attendance, providing fees are not in arrears. If the centre is closed over Christmas these two weeks are included in the 2 weeks holiday. These holidays do not roll over to the next year if unused. We require you to complete our 'holiday form' and provide 2 weeks' notice of your intention to take holidays.
- We require **two weeks** written notice of your intention to withdraw your child from the Centre or alternatively two week's fees are payable in lieu of notice.
- Please contact us if you wish to apply for WINZ assistance. Please note that if you apply for WINZ assistance you are liable for any shortfall or payments WINZ do not make.
- Fees will be reassessed in January each year and adjusted as necessary.
- Accounts not paid may be referred to a debt recovery agency if necessary and any costs associated with the collection will be added to the outstanding account owed.
- An optional, non-refundable enrolment fee of \$30.00 is payable at the time of enrolment which covers; sunscreen and a sun hat for terms 1 and 4, and access to Educa parent portal.

I have read and understand the terms and conditions and agree to them.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Effective Date: 5th February 2024

<i>SCHOOL DAY</i> <i>9:00 – 3:30</i>	<i>2 Days</i>	<i>3 Days</i>	<i>4 Days</i>	<i>5 Days</i>
2 Year Olds (No 20 hours ECE)	\$85.00	\$122.00	\$160.00	\$195.00
3 Year Olds (20 Hours ECE)	\$35.00	\$47.50	\$60.00	\$70.00

<i>FULL DAY</i> <i>(Outside of School Day hours)</i>	<i>2 Days</i>	<i>3 Days</i>	<i>4 Days</i>	<i>5 Days</i>
2 Year Olds (No 20 hours ECE)	\$107.50	\$156.00	\$205.00	\$248.00
3 Year Olds (20 hours ECE)	\$70.00	\$100.00	\$130.00	\$158.00

Minimum 2 days attendance at all times. This is for the wellbeing of the child.

Late Fees for **extended hours** beyond school hours (6.5 hours per day) are \$10.00 per hour (min 1 hour) or part thereof, over and above the child's normal booked hours.

Late fees will be charged if a child/children are not picked up by their booked time, without prior arrangement. The fee will be sufficient to cover staff costs.

Annual Holidays: 2 weeks – no fees.

Bank Account Details:

Hillpark Preschool 03-1397-0061104-000

Fees are payable a week in advance.