



# Greenlane Childcare Centre

## Enrolment Agreement Form

4 Atarangi Road, Greenlane, Auckland  
Ph: 09-524 8414 Email: [greenlanec@xtra.co.nz](mailto:greenlanec@xtra.co.nz)

<b>◆ Child's details:</b>		
Child's <b>official surname</b> or <b>family name</b> :		
Child's <b>official given name</b> :		
Child's <b>official other names / middle names</b> : (please separate names with a comma):		
<b>Name your child is known by / preferred name:</b>		
Surname / family name:		Given 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 <input type="checkbox"/> Female <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: _____		

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 (Home):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
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:

Emergency Contacts:	
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:
Doctor:	
Name:	Phone:
Address:	

### 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:

#### Other person/s who can pick up your child:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

### Health

Does your child have a special requirement, including illness, allergies, medication or identified learning difficulty?

Is your child up-to-date with immunisations?

*Tick One*

Yes

☐

No

☐

*(Please provide verifications of all immunisations)*

Immunisation record sighted and details recorded:

*Tick One*

Yes

☐

No

☐

<b>Medicine</b>	
<b>Category (I) Medicines</b>	
A category (I) medicine is a non-prescription preparation (such as arnica cream, zinc, castor oil ointment, antiseptic liquid and 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.	
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,	
▪	▪
▪	▪
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>Category (II) Medicines</b>	
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 your child only	
Individual health plan completed and signed:	<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: ____ / ____ / ____

**◆ 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		
Times Enrolled:						Total number of hours	

**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 Greenlane Childcare 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 Greenlane Childcare.

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

### ◆ Fees Schedule;

*The payment of fees is automatic for the times you have enrolled your child, including statutory holidays and days your child may be sick. Fees need to be **paid weekly** by automatic payment into our bank account. We close for a minimum of three weeks over the Christmas period. **Two weeks' notice** must be given to the Centre on the termination of this Agreement Form.*

Current Fees are:

Under 2 Years	Half Day	8:00am-12:00pm	\$50 per half day
Under 2 Years	Full Day	8:00am-5:30pm	\$60 per day
2 Years	Half Day	8:00am-12:00pm	\$40 per half day
2 Years	Full Day	8:00am-5:30pm	\$50 per day
3-5 Years	with 20 ECE hours	8:00am-5:30pm	\$40 per day
3-5 Years	No ECE hours	8:00am-5:30pm	\$50 per day

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

### Required Information (please sign if you agree to the following)

Permission for your child to be observed

- For programme planning purposes
- By students as part of their studies

Permission for photos to be taken of your child for use at Greenlane Childcare

Permission to go on short local walks/excursions

I agree to pay Option Charges e.g. trip costs

I have read and understand the sleep room policy (attached to enrolment form)

<b>◆ Parent Declaration</b>
I declare that all the above information is true and correct to the best of my knowledge
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

<b>◆ Service Declaration</b>
On behalf of Greenlane Childcare Centre, I declare that this form has been checked and all relevant sections have been completed. I agree to pay the fees as per the Fee Schedule.
Service Provider Signature: _____ Date: ____ / ____ / ____

<b>Change of Days/Times of Enrolment:</b>						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>◆ Statutory Holidays / Term Breaks</b>
This enrolment agreement is inclusive of all Statutory holidays