

<b>Administration Records</b>	<b>Enrolment Agreement Form</b>	<b>Twinkle Star Childcare Ltd</b>
<p>Enrolment Information, <b>20 Hours ECE</b> Enrolment Hours and Attestation Information for Early Childhood Education Services</p> <p>◆ Sections marked with this symbol are required to be included in every Enrolment Agreement Form</p>		
<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:  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> New Zealand birth certificate   <input type="checkbox"/> New Zealand passport   <input type="checkbox"/> Other _____         </div> <div> <input type="checkbox"/> Foreign birth certificate   <input type="checkbox"/> Foreign passport   <div style="text-align: right;">Staff initials: _____</div> </div> </div>		
Child's date of birth:    d d    /    m m    /    y y y y                      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:		
<b>◆ Privacy Statement:</b>		
<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>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.</p> <p>You can find more information about national student numbers at: <a href="http://eli.education.govt.nz">eli.education.govt.nz</a></p>		
<p>* Information about acceptable identity verification documents is available online at <a href="http://eli.education.govt.nz">eli.education.govt.nz</a></p> <p style="text-align: center;"><b>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</b></p>		

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

<b>Parent Signature:</b> _____		<b>Date:</b> ____/____/____	
<b>Parents/Guardians:</b>			
<b>1. Given names:</b>		<b>2. Given names:</b>	
<b>Surname / family name:</b>		<b>Surname / family name:</b>	
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:	
<b>3. Given names:</b>		<b>4. Given names:</b>	
<b>Surname / family name:</b>		<b>Surname / family name:</b>	
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:	

<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

<b>Custodial Statement</b>
Are there any custodial arrangements concerning your child?
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)

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

Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
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:
3. Given names:	4. 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:
Name of medical centre:	

Health	
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)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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 (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? *Tick One* Yes ☐ No ☐

Name/s of specific category (i) medicines that can be used on my child, **provided by service**:

▪	▪
▪	▪

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: *Tick One:* 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Child's Interests:

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

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### ◆ 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:						

**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:
Time the child is enrolled at any other service i.e. Daycare, Centre, Kindy etc.						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?  
One

Tick      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.

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

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

### ◆ Optional Charges:

*If you request Optional Charges, this agreement must be included as part of your service's Enrolment Agreement Form.*

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

1. The optional charge is for: (give details of specific activities or items, and their costs)

- Transport
- Excursions
- Sun Screen Lotion
- Food
- Other (Please specify in full)

2. I understand that if I agree to pay for the optional charge, Twinkle Star Childcare Ltd may enforce payment.

3. The agreement to pay the optional charge will last for 6 months or until the contract is reviewed prior to this:

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

- I have 15 days to change my mind regarding the optional payment without penalty.
- I must give 15days notice if I want to stop paying or decrease the optional charge.

5. I understand that that optional charge is 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

## Subsidy Entitlements

Work and Income Subsidy: \_\_\_\_\_

20 Hours ECE Subsidy: \_\_\_\_\_

Twinkle Star Childcare Ltd Subsidy: \_\_\_\_\_

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

- How did you hear about Twinkle Star childcare Ltd \_\_\_\_\_

## ◆ 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.

Twinkle Star Childcare Ltd is open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:

New Year's Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Waitangi Day	<input type="checkbox"/>	Queen's Birthday	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Labour Day	<input type="checkbox"/>		<input type="checkbox"/>

## ◆ Home-Based Education and Care Services Only

**This section is a compulsory requirement for Enrolment Agreement Forms used by Home-Based Services**

Is the educator who will be providing education and care for your child a member of the child's family?

Tick One Yes ☐ No ☐

If yes, what is the relationship of the educators to your child?

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

## Excursions

- **I give** Permission for the child to take part in regular excursions under the conditions stated in the service's excursions policy and am responsible for informing Twinkle Star Childcare Ltd if educators are not required to follow procedures related to these.

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

### Photo/Audio/Video Permission

- I understand that permission for the child to be photographed for the purposes of assessment, planning and evaluation is compulsory.
- I give permission for photos taken by the child's educator and Twinkle Star Childcare staff to be used in the Twinkle Star childcare Ltd newsletter and correspondence with other parents and educators.
- I give permission for photos taken by the child's educator and Twinkle Star childcare staff to be used for marketing purposes.

◆ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Other information possible to include on this Enrolment Agreement Form

- **Twinkle Star Childcare Ltd** 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.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Timesheets and Daily Diaries:** Twinkle Star childcare Ltd requires parents to sign weekly timesheets to confirm the hours of attendance registered by educators. Parents are also required to sign the daily diary every day the child is in care.
- **Child Adult Ratio:** I understand that there are no more than 4 children at the educator's home. The ratio is 1 adult to 4 children and can be made up to 2 children under 2 years and 2 children over 2 years old. Same rule applies for regular outings and excursions.
- **Privacy statement:** All personal information on your child will be kept securely and remain confidential.

### ◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

- o Copy of birth certificate or passport provided.
- o Copy of immunisation record provided.

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

### ◆ Service Declaration

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



On behalf of [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

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

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

### Enrolment Terms & Conditions and Declarations

#### Educator Fee and Charges:

Full name of Educator: \_\_\_\_\_

Address of Care: \_\_\_\_\_

Educator Hourly rate: (non 20 hrs ECE hrs)\$ \_\_\_\_\_ /hr (20 hrs ECE hrs)\$ \_\_\_\_\_ /hr  
Please note this includes all subsidy payments and 20 hours ECE is for up to six hours per day, up to 20 hours per week and there must be no compulsory fees for hours a child is receiving 20 hours ECE funding.

Educator optional charges: \$ \_\_\_\_\_

I understand that the educator optional charge is not compulsory and if I choose not to pay there will be no penalty.

Parent/Guardian Sign: \_\_\_\_\_

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

#### Please read each section carefully and tick each box

I understand that the home educator providing care for my child is self-employed and sub contracted to Twinkle Star Childcare Ltd and is therefore responsible for their own taxes etc.

I understand that all educators in the service receive gain or reward for their work as an educator.

I understand that all payments to educators must be made through the wage administration and those payments from parents must be received by Twinkle Star Childcare Ltd by 11am on Tuesday. Twinkle Star Childcare Ltd will pay to educator fortnightly

**Payments are made to the following account**  
**Twinkle Star Home-based Childcare Ltd**  
**02-01910460607-000**

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

I understand that the subsidies, fees and charges applicable may change from time to time. I will be provided with written notification of any relevant charges. Fee and subsidy information is available from Twinkle Star Childcare Ltd. Management.	
I understand that I am required to give two weeks written notice of change to enrolment requests and withdrawal of my child from Twinkle Star childcare Ltd.	

<input type="checkbox"/> I understand that all changes to enrollment are subject to availability and negotiation with the educator involved.	<input type="checkbox"/>
I understand that management reserves the right to suspend or revoke enrolment.	
I understand that I must abide by all of Twinkle Star Childcare Ltd's policies and procedures and rules including parents handbook, educator operation folder and may be issued from time to time.	
If my child is sick, I should not brought to educator when he/she is suffering from any condition that can be transmitted to other children.	
I understand that the educator responsible for my child will administer medication provided and authorised by me for my child after I have completed the required documentation. Educator will administer authorised skincare products and preventative medication (arnica cream, baby powder, sunscreen, antiseptic wipes, and saline wash) to my child.	
Twinkle Star childcare Ltd. Management and programme coordinator must be able to have access to the premises of care while children are participating in the service at that premises.	
I will bring my child dressed properly for the weather and will provide pay clothes, sunhat , warm clothes, jacket and spare clothes.	
I must notify Twinkle Star childcare Ltd, of any change of address, phone numbers and e-mail addresses immediately as these are important in case of any emergencies.	
I understand that I need to complete an Exit form on the termination of my service with Twinkle Star childcare ltd,	
<ul style="list-style-type: none"> <li>The information requested in this enrolment application form is needed by Twinkle Star Childcare Ltd to comply with statutory requirements to enable staff to contact you or to ensure the appropriate care and education of your child. We are required by regulation to keep these records for seven years.</li> </ul>	

Parent / Guardian Full name: \_\_\_\_\_

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

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