



Link to ERO report: <http://www.ero.govt.nz/review-reports/angels-childcare-takapuna-13-08-2018/>

Angels Childcare , Takapuna
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Takapuna
0622

Phone : (09) 486 4695

Centre Manager: Karen Douglas

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www.angelschildcare.co.nz

How did you hear about us? (Please tick)

- Facebook
- Website
- Pamphlet or flyer
- Google
- Road signage
- Countdown Poster advert
- Word of mouth
- Other(please specify).....

CONFIDENTIAL ADMISSION AGREEMENT

OFFICE USE ONLY

Date of enrolment: Enrolment Fees Paid:

Immunisation enclosed:..... Official ID enclosed:

Confirmed Start Date Entered APT NSN n.o:

** Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.*

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

CHILD'S DETAILS

Child's official Surname or Family Name:.....Child's official given name.....

Child's official other names/middle names: (please separate these with a comma).....

Name your child is known by/Preferred Name

Surname/family name:..... Given Name:.....

Copy of official identity verification document* collected by staff:

- New Zealand Birth Certificate
- New Zealand passport
- Other.....
- Foreign Birth certificate
- Foreign passport
- Staff Initials:.....

Child's date of Birth: dd / mm / yyyy

Male Female



<i>Child's ethnic origin/s:</i>	<i>Iwi your child belongs to:</i>	<i>Languages spoken at home?</i>

Child's primary residential address:

Post code: _____

◆ Privacy Statement:
<p><i>We are collecting personal information on this enrolment form for the purpose of providing early childhood education for your child.</i></p> <p><i>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.</i></p> <p><i>You can find more information about national student numbers at: eli.education.govt.nz</i></p> <ul style="list-style-type: none"> Information about acceptable identity verification documents is available online at eli.education.govt.nz <p style="text-align: center;">The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service</p>

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

Version: January 2020



Parents/Guardians:

Given names:	Given names:
Surname/family name:	Surname/family name:
Address:	Address
Postcode:	Postcode:
Phone (Home):	Phone (Home):
Phone (work):	Phone (work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. Given Names:	4. Given Names:
Surname/Family name:	Surname/Family name:
Address:	Address:
Postcode:	Postcode:
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:
Address:	Address:



Postcode:	Postcode:
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 cannot pick up your child:

Name:	Name:
Name:	Name:

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

Version: January 2020

Enrolment Details: (subject to conditions)

Date of enrolment: ___/___/___ Date of Entry: ___/___/___ Date of Exit: ___/___/___

Days enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times enrolled:						
20 Hours ECE at this Service (if over 3)						
20 Hours ECE at another centre						



Dual Enrolment Declaration

I hereby declare that my child **is / is not** (circle one please) enrolled at another early childhood institution at the same times that he/she is enrolled at Angels Childcare, Takapuna

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

20 HOURS ECE ATTESTATION:

Please note: 20 hours ECE is for up to six hours per day, for maximum of 20 hours per week.

Is your child receiving 20 Hours ECE for up to 6 hours per week at this service? **Yes / No**

Is your child receiving 20 Hours ECE at any other services? **Yes / No**

If yes to other or both of the above, please sign to confirm that:

1. Your child does not receive more than 20 hours of 20 Hours ECE per week across all services
2. 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.
3. You consent to the early childhood education service providing relevant information to the Ministry of Education, and other early childhood services your child is enrolled at, about the information contained in this box.

Parent / Guardian _____ Date: ____/____/____

FEE SCHEDULE AND INFORMATION Fees from 1st October 2010

FEES FOR BABIES TO 3 YEARS (7am-6pm)

\$70 per day

Includes nappies for under 2 year olds and food except formula & milk

FEES FOR 3 TO 5 YEARS (7am-6pm)

2 days: \$80.00
3 days: \$120.00
4 days: \$180.00
5 days: \$220.00

These are all-day fees and allows for 20 ECE hours and all food

Half day session: (Under three's only)

7am-12 (including morning tea and lunch) \$40.00 per session

12.30-6pm (including afternoon tea only) \$40.00 per session

***conditions apply**



I have agreed to pay the following fees per day / week: _____ (The management does reserve the right to change the fee rates and policies and those fee rates and policies will apply to parents/children already enrolled or previously quoted from the date specified on the notice. When changes are made a one month notice period will be given in advance and a new schedule given to parents for signing.

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

Person (s) responsible for payment of fees

Please Note that you remain fully responsible for all fees until payments are received and it is your responsibility to make sure your documentation (e.g contact details.. etc) is regularly updated.

It is our policy that all fees are paid at least one week in advance by cash, cheque or
Automatic Payment to ANZ Bank Account No: 01-0215-0068168-02

No reduction in fees will be made for absence due to illness, Public Holidays or Child's Holidays as Teachers are employed and paid in a full time capacity according to the number of children enrolled on the daily register. The fees charged are in direct relation to the days booked and not attended. Fees may only change when a notice is given and a change of Days of Enrolment is completed and signed by the management and the parent.

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

General Information:

HOURS OF OPERATION: 7am to 6pm – Monday to Friday (minimum enrolment 7 hours per day)

DEPOSIT:A non-refundable deposit of \$30.00 to be paid on enrolment to confirm your enrolment.

TWO WEEKS FEES IN ADVANCE Is to be paid on enrolment and these fees are non-refundable. Please ensure that an automatic payment form is set up to start on the 2nd Friday, thus fees are always one week in advance at least. If payment is fortnightly or monthly then please set up for a fortnight or month in advance by automatic payment.



LATE PAYMENT OF FEES: As our policy is that accounts are kept in advance it is not expected that there will be outstanding accounts. However we are sorry, we are not a bank and an unpaid account costs us time, effort and interest. These will incur a 10% per week interest penalty.

STATUTORY DAYS: There is NO REDUCTION in fees for days enrolled that fall on statutory holidays. *Full payment for these days is required. There is also NO SWAPPING of days in-lieu for statutory days.*

LATE PICK-UP FEE: This is payable direct to each staff member that has stayed behind to look after your child. This is not part of her/their paid employment. A charge of \$20.00 for the first 10 MINUTES and then for every 1 minutes after that is \$1.00. This is payable per staff member and payable by each family.

WINZ/CYFS: This Centre does support families who do receive WINZ subsidies and in some cases CYPS payment. However fees must be paid in full until the letter of confirmation from WINZ or CYPS is received. Any credit held when subsidies are paid will be paid out directly to the parent where applicable. It is the parent's responsibility to ensure all paper work is processed and received by WINZ on time. Any delays could see the parent having to pay full fees until subsidy comes through.

SICK DAYS: *FULL FEES are required when your child is sick or is kept at home due to illness or any other reason.* We really appreciate that you phone the centre to let the Staff know that they will be absent and to inform them what appears to be wrong with your child.

ADDITIONAL DAYS: Should you require additional days on a temporary or permanent please request these from the Manager. The Manager will do her best to accommodate your wishes if space is available, and you will have to sign a form which she will generate. If your child has been absent and you wish to "make up" that day, we can only offer you an additional day as above when available, as sick or absent days are charged in full. There are no "in lieu" days given. Extra days are charged at a flat rate, regardless of Govt. Funding.

ANNUAL LEAVE: There is a 2 week annual leave provision each year, whereby you can take one week at a time. This will be discounted at 50% per family account. Annual leave renews on 1st January each year. Your child will be entitled to two weeks annual leave on completion of 6 months continuous enrolment at the centre. If you received a WINZ childcare subsidy this will be included into your 50% holiday discount. If you received more than after your fees in a childcare subsidy you will not be entitled to this discount. eg: fee \$100- subsidy \$70= \$30 you pay. This is more than 50% of the fee so there will be no entitlement.

LEAVING THE CENTRE: When a parent wishes to withdraw their child from the centre *they must inform the management in writing and give 2 weeks notice.* Parents who withdraw and do not give 2 weeks notice will be



charged 2 weeks in lieu and will also be charged the amount in Government Funding that the centre would normally be entitled to. Upon leaving the parent will ensure any baskets, books or other centre material is returned.

ACCOUNTS: Statements are available on request. The Manager is always available to discuss your account details.

UNPAID FEES – BAD DEBT POLICY: Due to the fee requirement that fees are kept at least 1 week in advance, it is envisaged that bad debts will in the most part be avoided. However bad debts will not be tolerated. Your account must be kept on week in advance or we reserve the right to not admit your child. If an account is two weeks overdue the Manager will speak to the parent to see if an arrangement can be made in order that the account is caught up in a satisfactory manner that is achievable by the parent will be asked to remove the child from the centre. The Account will then be handed on the Debt Collectors. All Debt Collection costs will also be incurred by the parent.

CHANGES IN FEES: Management does reserve the right to change the fee rates and policies and those rates and policies will apply to parents/children already enrolled or previously quoted from the date specified on the notice. When changes are made a notice will be given in advance and a new schedule given to all parents for signing.

Signed by Parent/Guardian..... Date: ____/____/____.

MEDICAL INFORMATION:

(please note: our Health and safety policies and practices were reviewed November 2017. Centre Exclusion due to Illness policy was reviewed in September 2019 in accordance with the Auckland Measles outbreak)

Please list any allergies your child may have:
.....
.....

Is your child under long term medical treatment or under the care of a specialist or medications? **YES/ NO**

If YES, please fill out **PRE-DIAGNOSED CONDITION HEALTH / TREATMENT PLAN** available from Manager.
(please request this if needed)

Does your child have any allergies?



Please specify:

Does your child require a special diet for medical/ religious or any other reasons? Please provide details:

.....
.....
.....
.....
.....

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties?

If your child is 15 months or older you must provide an Immunisation Certificate from your doctor.

In the event of your child receiving a minor injury at the centre, the following protocol will take place:

- You will be notified of the accident by telephone or email immediately
- Child will be comforted and a qualified Teacher holding a current First Aid Certificate will carry out any required treatment:
- Any scrapes and cuts will be cleaned, disinfected with antiseptic cream will be applied and a plaster will be placed on the injury.
- Any insect bites will be treated with ANTHISAN cream.
- Any bruise will be treated with an ice pack and application of Arnica cream.
- A comprehensive accident report will be completed and brought to your attention when collecting your child from school. This form will be signed by staff and you will receive a copy.

In the event of your child requiring urgent medical attention, parents are required to authorise the centre to seek necessary help when it is unable to contact the parents the nominated medical practitioner of the child will be contacted.

Doctor's name: Telephone:



TREATMENT AND HEALTH CHECKS:

I authorise the management of Angels to administer medication authorised in writing by me for my child from time to time and in the event of any illness, or medical condition.

I will inform Angels staff if I have administered medicine to my child prescribed or not prescribed at least 6 hours prior to my child arriving to the centre to avoid overdosing.

I authorise the management of Angels to seek in the event of an emergency such medical advice or treatment as deemed necessary for the best interests of my Child.

I consent to Plunket and Public Health checks and consent that the results of these tests being discussed with my child's teacher and management if necessary.

In the event of an emergency that you are unable to reach your child in an appropriate time frame, your child may be required to be transported by private motor vehicle to a doctor. (Licensing Criteria HS18)

I do/do not (circle one) give consent for my child to be transported by private motor vehicle to a doctor.

Signature:.....**Date:**.....

Your child will be transported by a full licensed driver and also a fully registered teacher that holds a first aid certificate. There will always be two teachers that will accompany your child in the private motor vehicle in the event of an emergency. Your child will have a child restraint as per Land Transport Legislation.

***I have read the Medication and Health Policy.**

***I hereby consent to Category One Non-prescription Medication.** Medication that is NOT INGESTED to be used for the First Aid treatment of minor injuries and is provided by Angels and kept in our First Aid Cupboard.

Please tick each one you agree to:

- Arnica Cream (used for bruising/swelling)
- Antiseptic Cream/Liquid
- Insect Bite/Sting treatment or repellent
- Nappy Cream/Powder

- **Disclaimer: There may be traces of gluten, dairy and wheat in our meals. Please speak with staff or manager for more information**

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



Immunisation Certificate

Copy attached Yes / No

Or I have made an informed decision **NOT** to have my child immunised against (please circle)

Hepatitis B Tetanus Polio Pertusis Mumps Diphtheria Hib Rubella Measles

Parent Guardian Signature: _____ **Date:** ___/___/___

GENERAL PERMISSIONS:

I give permission for my child to celebrate birthdays and special events with moderate treats

YES / NO

I give permission for my child to be photographed / video for learning purposes, Centre Facebook page and Centre Newsletters and advertising in the local paper (you will be contacted if your child's picture may appear in the local paper.

YES / NO

I give permission for information about my child to be collected and used for the purpose of my child's care, education and well-being. This is collected from parent conversation, written requests Such as "My Story" and "More of My Story" forms. It will be processed through Centre owned computers with secure Passwords and put into my child's portfolios. The information will only be shared with those that require it to assist in the teaching and well-being of your child within the centre. Only information required by law will be kept. Portfolios will be given upon leaving the centre information on Computers will be deleted.

YES / NO

I give permission for my child to go on supervised local walks, parks, library etc.

And agreed that the adult/child ratio for any trips will be at least 1:4 AND children undertow will be taken in Centre Buggy (6 seated pushchair) with 5 point harness

secured with the same ratio. **Your permission will be required for all other excursions involving transport and you will be notified in writing of this each time it is planned.**

YES / NO



CENTRE PHILOSOPHY, PROCEDURE AND POLICIES:

In signing this enrolment form I agree to the Philosophy. I agree to abide by the Procedures and Policies of Angels as set down from time to time by management and expectations as set out in the parent information booklet. I understand that terms and conditions as set out in this enrolment is not exhaustive and that others are continued and published in Angels Policy and Procedures Manual. I accept that Angels reserves the right to add, amend, clarify or delete terms, condition.

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

*** Parents/Guardians have COMPLETED THE ENROLMENT FORM in full. Please ask for assistance if unsure.**

I have attached a **CHEQUE/CASH FOR \$30.00 ENROLMENT FEE** (Non-refundable)

I have attached a **CHEQUE/CASH TWO WEEKS FEES IN ADVANCE** (non-refundable)

I have attached **MY CHILD'S IMMUNISATION CERTIFICATE**

I have attached **MY CHILDS IDENTIFICATION DOCUMENT**

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

Parent/Guardian Name: Sign: Date:

Angels Manager (Name)..... Sign: Date:

Hereby accepts this enrolment.

Please note: This is an official document and will be retained for at least 7 years as required for by GMA10 of the Licensing Criteria for Early Childhood Education and Care Centres 2008.

Enrolment fee Rec no.	2 weeks initial fees rec.	Copy contract given	Processed into system

