



ENROLMENT CONTRACT

Please read this information carefully.
This is a contract between you and our centre and must be completed and signed by at least one parent/guardian.

Child's Full Name _____
As recorded on their birth certificate (copy must be held on file by our office)

Child's Known Name _____

Child's Home Address _____

DOB _____ Male / Female Place of birth _____

Ethnic identity of your child _____ Iwi Affiliation: _____

Caregiver 1 - Relationship to child _____

Full Name _____

Address (if different to child's) _____

Contact phone no: Home _____ Work _____ Cell _____

Caregiver 2 - Relationship to child _____

Full Name _____

Address _____

Contact phone no: Home _____ Work _____ Cell _____

Email address for invoices/newsletters _____

Language/s spoken at home other than English _____

Are there any religious or cultural beliefs we need to be aware of? **YES / NO**

DETAILS: _____

Family doctor _____ Tel _____

Has your child been vaccinated? _____ If 'YES' we need to
PHOTOCOPY YOUR CHILD'S MOST RECENT IMMUNISATION CERTIFICATE FOR OUR RECORDS

Record any: Allergies/Special Needs/Diets/Regular Medication, or health issues we need to know.

Other people (not recorded above) who are authorised to collect my child:

Name _____	Name _____
Address _____	Address _____
_____	_____
Ph _____ Dated _____	Ph _____ Dated _____
Emergency contact? <input type="checkbox"/> please tick if applicable	Emergency contact? <input type="checkbox"/> please tick if applicable

Are there any custodial arrangements concerning your child? **YES / NO**

Are there any people NOT authorised to collect your child? **YES / NO**

DETAILS _____

ENROLMENT CONTRACT (continued)

Days enrolled	Mon	Tues	Wed	Thurs	Fri
Times enrolled					

Days to be enrolled	Mon	Tues	Wed	Thurs	Fri
Desired times					

Caregiver's signature _____ Date _____

DUAL ENROLMENT DECLARATION:

I hereby declare that my child is not enrolled in another Early Childhood Institution at the same times that he/she is enrolled at Aspiring Beginnings ELC.

Caregiver's signature _____ Date _____

I hereby agree that my child will sometimes be attending on a **casual basis**, and they are not enrolled in another Early Childhood Institution for the same booked times. (required for casual bookings)

Caregiver's signature _____ Date _____

Free Early Childhood Education Details for 3 & 4 year olds only:

1. Will your child be receiving 20 hours ECE for up to 6 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**
3. If yes to either 1 or 2 above, you must complete the attestation request below.

(this is to confirm 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 enquires it deems necessary regarding the information provided in the 20 hours ECE details box to the extent necessary to make decisions about your child's eligibility for 20 hours ECE. You also consent to Aspiring Beginnings ELC providing relevant information to the MOE, and to other early childhood education services your child is enrolled at, about information contained in this box.

Caregiver's signature _____ Date _____

4. I agree to pay fees as stated on the fees schedule for my child's other hours of weekly enrolment. **YES / NO**
5. I agree to pay the current **optional charge**, described in the fees policy, for every hour of free ECE that my child receives, until fees are reviewed. **YES / NO**

Caregiver's signature _____ Date _____

FREE ECE ATTESTATION

EFFECTIVE DATE	MON	TUES	WED	THURS	FRI	TOTAL	INITIALS
FREE AT THIS SERVICE							
FREE AT ANOTHER SERVICE							
TOTAL							

ENROLMENT CONTRACT (continued)

1. I hereby agree to keep my child's attendance within the daily booked times.
2. I hereby agree to sign and scan the attendance register each day that my child attends.
3. I hereby agree to notify the centre if my child will be absent.
4. I will not bring my child to the centre in the event of a notifiable childhood illness, sickness, or within 24 hours of vomiting or diarrhoea. I hereby agree to abide to the centre's "Illness Procedure" regarding sick and infectious children.
5. I have read and understand the "Supervision of Sleeping Children Procedure".
6. I have read and familiarised myself with the "Fees Schedule", & agree to pay "within 7 days of invoice date". I understand that I/we will be liable for any debt collection fees that could arise from late payment.
7. I agree to drop off and collect my child WITHIN LICENSED HOURS OF OPERATION and will notify the centre if anyone other than the people listed on the enrolment contract will pick up my child. I understand my child is to be kept in the centre until such permission is given. In the event that the child remains uncollected or the centre is closed, (and a call to your emergency contact is unsuccessful) provision for their care will be arranged.
8. I hereby agree to inform staff and the office if my child is, or starts, attending another Early Childhood Centre in New Zealand that is receiving funding for their enrolment.
9. In the event of an accident or an emergency and the caregiver/guardian cannot be contacted, I authorise the centre to seek medical advice for my child's best interest. The information given in this contract will accompany them. **Yes/No**
10. I authorise the staff at Aspiring Beginnings to administer "sticky plasters", Arnica, or medication provided by me for my child. It is my responsibility to provide the necessary information on the medicine chart. **Yes/No**
11. I give permission for my child to leave the centre, in the company of teachers, for outings. I also give permission for my child to be transported if necessary. The staff to child ratio at such times will be 1:4 for Over twos and 1:2 for Under twos. **Yes/No**
12. I give permission for digital images (still & moving), and written observations of my child to be taken and displayed for group/individual records, and planning/profiles. **Yes/No**
13. Occasionally for publicity purposes, local media (but only with the authorisation of Centre Manager or Head Teacher) will photograph children for publication, with their name & age. Do we have your permission for your child to be included? **Yes/No**

I _____ have read and understand all of the above, and hereby attest to the accuracy of all the details recorded in this enrolment contract and agree to ensure the details on this contract remain current at all times.

Caregiver's signature _____ Date: _____

office use only

CHILD ID # _____

Date of enrolment _____ Date of entry _____ Date of exit _____

<i>Changes to bookings</i>	Monday	Tuesday	Wednesday	Thursday	Friday
New times:					
Start date:				Signature:	

office use only

<i>Changes to bookings</i>	Monday	Tuesday	Wednesday	Thursday	Friday
New times:					
Start date:				Signature:	

<i>Changes to bookings</i>	Monday	Tuesday	Wednesday	Thursday	Friday
New times:					
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<i>Changes to bookings</i>	Monday	Tuesday	Wednesday	Thursday	Friday
New times:					
Start date:				Signature:	

FREE ECE ATTESTATION

EFFECTIVE DATE	MON	TUES	WED	THURS	FRI	TOTAL	INITIALS
FREE AT THIS SERVICE							
FREE AT ANOTHER SERVICE							
TOTAL							

FREE ECE ATTESTATION

EFFECTIVE DATE	MON	TUES	WED	THURS	FRI	TOTAL	INITIALS
FREE AT THIS SERVICE							
FREE AT ANOTHER SERVICE							
TOTAL							

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FREE AT THIS SERVICE							
FREE AT ANOTHER SERVICE							
TOTAL							

Children getting ready for primary school

My child will commence transition to school visits with _____
on _____. I understand that any permanent bookings during school
transition times will be charged the normal fees.

Caregiver's signature _____ Date _____

As my child will start primary school on _____, their last day of attendance
at Aspiring Beginnings will be _____.

Caregiver's signature _____ Date _____