



NURSERY Enrolment Agreement Form 2012

Barcode number:

Any changes to the original enrolment agreement form must be signed and dated by the parent/guardian.

Child:

| | |
|------------------------------------|---|
| Child's first names: | Surname: |
| Name your child is known by: | |
| Child's date of birth: | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Birth certificate shown: | Yes <input type="checkbox"/> |
| Ethnic origin: | |
| Iwi your child belongs to: | |
| Child's home address or addresses: | |
| Postcode | |

Parents / Guardians:

| | |
|------------------------|------------------------|
| First Names: | First Names: |
| Surname: | Surname: |
| Relationship to child: | Relationship to child: |
| Address: | Address: |
| Post Code: | Post Code: |
| Billing address: | Billing address: |
| Post Code: | Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: | Email: |
| Occupation: | Occupation: |

Emergency Contacts: Do not include parents and ensure the people know they will be expected to pick up your child in the case of an emergency. There must be at least one contact name listed before enrolment commences.

| | |
|-----------------|-----------------|
| 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: |
| 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: |

Names of people authorized to collect your child

| | |
|----|--------|
| 1. | Phone: |
| 2. | Phone |
| 3. | Phone: |
| 4. | Phone: |
| 5. | Phone: |

Child's Doctor:

| | |
|-----------------|--------|
| Name: | Phone: |
| Medical Centre: | |

◆ Enrolment Details:

| | | |
|------------------------------------|--------------------------------|-------------------------------|
| Date of Enrolment: ___ / ___ / ___ | Date of Entry: ___ / ___ / ___ | Date of Exit: ___ / ___ / ___ |
| Parent/Guardian Signature: _____ | | Date: ___ / ___ / ___ |

◆ Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Queenstown Preschool & Nursery.

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

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:

Health

Illness/allergies:

Is your child up-to-date with immunisations?

Tick One Yes No

(Please bring your child's immunisation certificate for us to photocopy)

Immunisations record sighted and details recorded:

Tick One Yes No

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 (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

Individual health plan completed and signed:

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: ____ / ____ / ____

Does your child have any special needs: e.g. Diet, Behavioural

Tick one Yes No

If yes, please provide details:

Required Information for Licensing Purposes

Excursions:

I give permission for my child to leave the Centre in the company of staff (with a staff/child ratio of not less than 1 adult to 4 children) for excursions to the shops, park, playgrounds.

Yes No

I authorise the staff in the event of sickness or an accident to seek medical advice as the centre may think necessary, for my child's best interest, and I agree to pay any costs incurred.

Yes No

I give permission for my child to be observed, photographed/videoed, and evaluated while at the Centre (for the purpose of assessment, planning and evaluation), and records kept.

Yes No

I give permission for the staff to apply basic first aid to my child when necessary and to apply sunscreen throughout the day during summer

Yes No

I give permission for any such photographs / videos to be used for publicity purposes

Yes No

I give permission for staff to relocate my child from the Nursery to Pre-School, or vice versa, when necessary

Yes No

Policy Statement: Queenstown Preschool & Nursery has a number of policies that set out the procedures that are in place for the education and care 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. The Policies are displayed in a folder in the foyer, and on the Centre website www.qpn.co.nz

Parent Information Book: Can be viewed on our website www.qpn.co.nz

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.

Privacy Statement: All personal information on your child will be kept securely and remain confidential.

Child's strengths, interests and preferences: Please tell us about your child's strengths, interests and preferences

◆ Parent Declaration

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

I will not bring my child to the centre if he/she is ill or suffering from any of the following infectious diseases: measles, chicken pox, mumps, impetigo, conjunctivitis, gastroenteritis, hand, foot and mouth disease, or has vomited in the last 24 hours.

I will notify the centre if anyone other than those listed above is to pick up my child from the centre. I will notify the centre of any changes to contact details

I will notify the centre if my child attends at a time when he/she is normally enrolled at another Early Childhood Centre / Kindergarten

I have read and agree with the sleep room policy

I have read and understood the fee policy

In signing this enrolment form I agree to pay fees on the basis of the Fee Schedule current at the time and in accordance with the Fee Payment Policy of the centre.

The Centre reserves the right to change the fee rates and policies and irrespective of previously published or quoted prices, the new rates and policies will apply from the notified date. (At least one month's warning will be given of any increase in fees.) I understand and accept that these fees are to be paid in full within one week of the beginning of each billing period.

I understand and accept that if any fee or charge remains unpaid, beyond the time specified in the Fee Payment Policy, my child's enrolment may be forfeited and the debt passed on to a Debt Collection Agency for collection. I accept responsibility for any legal or debt administration costs and legal or debt fees incurred in this process.

Parent/Guardian Name: _____

Date: ____ / ____ / ____

Parent/Guardian Signature: _____

◆ Service Declaration

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: ____ / ____ / ____

Permanent Bookings

1) Cancellation of Permanent Booking

- a. If you want to cancel your permanent booking you must give 7 days written notice to the centre
(*You can email, phone or fill in the cancellations sheet on the office counter*)
- b. If you fail to notify the Centre of cancellations 7 days prior to the booked date you will pay for the hours you have booked

2) Change of Booking

- a. If you want to change your permanent booking you are required to advise the centre in writing
- b. You will need to cancel the booking and then re book the new times - if there are no spaces available and you may have to go on the waiting list until a space becomes available.

Days/Times of Enrolment:

Effective Date of Change: ___ / ___ / ___

| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | |
|-------------------------|--------|---------|-----------|----------|--------|-------------|
| Times Enrolled: Arrival | ----- | ----- | ----- | ----- | ----- | Total hours |
| Departure | ----- | ----- | ----- | ----- | ----- | |

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

Change of Days/Time of Enrolment:

Effective Date of Change: ___ / ___ / ___

| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | |
|-----------------|--------|---------|-----------|----------|--------|-------|
| Times Enrolled: | | | | | | Total |

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

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

| | | | | | | |
|-----------------|--------|---------|-----------|----------|--------|-------|
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Times Enrolled: | | | | | | Total |

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

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

| | | | | | | |
|-----------------|--------|---------|-----------|----------|--------|-------|
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Times Enrolled: | | | | | | Total |

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

Change of Days/Time of Enrolment:

Effective Date of Change: ____ / ____ / ____

| | | | | | | |
|-----------------|--------|---------|-----------|----------|--------|-------|
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Times Enrolled: | | | | | | Total |

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

Change of Days/Time of Enrolment:

Effective Date of Change: ____ / ____ / ____

| | | | | | | |
|-----------------|--------|---------|-----------|----------|--------|-------|
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Times Enrolled: | | | | | | Total |

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

Sleeping Room Policy – Nursery

Licensing Criteria 2008, Health and Safety, Sleep documentation required:

HS9: (i) A procedure for monitoring children's sleep. The procedure ensures that children:

Do not have access to food or liquids while in bed; and

Are checked for warmth, breathing, and general well-being at least every 5-10 minutes, or more frequently according to individual needs.

A record of the time each child left in the care of the service sleeps, and checks made by adults during that time.

SLEEP MONITORING

Children sleep or rest in the Sleep room and sometimes in the divided off area of the main room. Sleeping children are monitored at all times by the staff member assigned to that duty for the day, as well as other staff as needed.

Before going to bed each child has outer clothes removed and nappy changed

No food or drink (including baby's bottles) is taken into the sleeping room. Parental permission is requested for the use of dummies.

When children are put to bed a staff member settles the child, and once asleep the timer is set to buzz every **five** minutes in the main room, as a reminder to visually check sleeping children every 5 minutes (The beds in the sleeping room are situated so each child is always in view).

Staff go into the sleep room, or the dived off area in main room, regularly each 10 minutes to ensure they are breathing properly, are warm/cool enough.

After the child/children have been checked the staff member resets the timer. Each child is monitored to ensure they are breathing properly, warm, and tucked in.

When a child is put to bed the time they went to bed, the time they went to sleep, and the time they woke up, is recorded for parent and staff information on the white board in the main room and on the sleep chart. This enables the parents to check their child's sleeping times and also provides records for the Ministry of Education.

Parents are required to fill out a routine form when their child starts attending the Nursery; this enables the staff to follow the child's home sleeping routines as closely as possible, until they settle into their own Centre routine

Parents are able to inform staff daily of their child's sleeping needs through recording information on the whiteboard. The staff follow requests as much as possible to provide for individual changing routines

The full policy can be viewed in the folders in the foyer or on the Centre website.

Other Policies displayed include:

- Behaviour Management
- Emergency Plan
- Medicine Administration
- Outings
- Accident/Illness
- Child Protection
- Information & Complaints
- Sun Smart
- Parent Involvement
- Settling & Transition