

playday.

Application Form

Child

First Name _____ Middle Name _____ Surname _____

Date of Birth _____ Gender _____ Ethnicity _____

Home Address _____

Home Phone _____ Iwi (where applicable) _____

Language spoken at home _____

Please provide a copy of child's passport or birth certificate and immunisation book.

Copy of official identity verification document* collected by staff:

- New Zealand birth certificate
- Foreign birth certificate
- New Zealand passport
- Foreign passport
- Other _____

Staff initials: _____

Privacy Statement

We are collecting personal information on this enrollment 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: eli.education.govt.nz

All personal information on your child will be kept securely and remain confidential. Any changes to this form must be signed and dated by the parent/guardian.

Parents

Mother

Name in full _____

Home Address _____

Occupation _____

Business Phone _____

Mobile Phone _____

Email _____

Father

Name in full _____

Home Address _____

Occupation _____

Business Phone _____

Mobile Phone _____

Email _____

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: _____

Photo provided:

Court order on file:

Person/s who can pick up your child:

Name in full _____

Name in full _____

Home Address _____

Home Address _____

Business Phone _____

Business Phone _____

Mobile Phone _____

Mobile Phone _____

Email _____

Email _____

Emergency Contacts

The following people may be contacted in an emergency if the parent cannot be contacted

Name in full	_____	Name in full	_____
Relationship to child	_____	Relationship to child	_____
Home Address	_____	Home Address	_____
Business Phone	_____	Business Phone	_____
Mobile Phone	_____	Mobile Phone	_____
Email	_____	Email	_____

Medical History

Doctor's Name: _____ Doctor's number: _____

Does your child have any allergies or food intolerances? _____

If yes please provide specific details and doctors action plan

Does your child have any special needs/health concerns/circumstances we need to know about?

Details:

My child has been immunised: _____

Immuinsation Record sighted by your GP: _____

Please provide verifications of all immunisations.

Medicines

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? _____

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 (ii) 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 use of that child only

Individual health plan completed and signed: _____

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 _____

Attendance

Please state which days you would like your child to attend: _____

Preferred start date: _____

How did you hear about Orakei Playday? _____

Reason for choosing the centre: _____

Enrolment details To be filled out after days confirmed

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 enrolled	9.00 - 12.00 9.00 - 1.30	9.00 - 12.00 9.00 - 1.30	9.00 - 12.00 9.00 - 1.30	9.00 - 12.00 9.00 - 1.30	9.00 - 12.00 9.00 - 1.30	

For 20 hours ECE fill out boxes below

20 hours ECE at this service						
20 hours ECE at another service						

Parent /Guardian Signature: _____ Date _____

20 Hours ECE Attestation: (Applicable for children 3 years and over only)

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? _____

Is your child receiving 20 Hours ECE at any other services? _____

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 any 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 _____

Optional Charges

1. The optional charge is for: sun block, special excursions, extra resources, special activities, high ratio of qualified staff.
2. I understand that if I agree to pay for the optional charge, Orakei Playday may enforce payment.
3. The agreement to pay the optional charge will last until my child leaves the centre.
4. The rules about making changes to the agreement are:
 - If the funding rates decreases from the Ministry of Education
 - General increases in running cost that makes it hard to meet budget
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 _____

Statutory holidays / Term breaks

Orakei Playday will not be open during school term breaks and Statutory Holidays.

Dual Enrolment Declaration

I/we hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Playday

Parent /Guardian Signature: _____ Date _____

Parent Declaration

I declare that all information given on this enrolment form is true and correct to the best of my knowledge

Parent /Guardian Signature: _____ Date _____

Service Declaration

On behalf of Playday (Orakei Presbyterian Church) I declare that this form has been checked and all relevant sections have been completed.

Parent /Guardian Signature: _____ Date _____

This information is collected for the safety of your child, so we know all available information regarding your child, and that we have contact numbers should we need to contact anyone. This enrolment form will be stored in a filing cabinet in the office and will available to staff only. Due to a requirement of the 1998 Education (ECC) Regs this enrolment form will be held for 7 years.

Change of days/times of enrolment (office use)

Effective date of change:

Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Hours enrolled	9.00 - 12.00 9.00 - 1.30	9.00 - 12.00 9.00 - 1.30	9.00 - 12.00 9.00 - 1.30	9.00 - 12.00 9.00 - 1.30	9.00 - 12.00 9.00 - 1.30	

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20 hours ECE at this service						
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For 20 hours ECE fill out boxes below

20 hours ECE at this service						
20 hours ECE at another service						

Parent /Guardian Signature: _____ Date _____

Terms and Conditions

Please read and agree to the following before signing

Illness

I will not bring my child to the centre in the event of sickness or infectious illness. I will notify the centre before the start of the session if my child is not attending and inform the nature of the illness.

Medication

I authorise Orakei Playday staff to administer any medication given by me for my child in the case of an emergency.

Child access

I will notify the centre if anyone other than those listed on the enrolment form is to pick up my child, and I understand that my child will be kept in the centre until permission has been given/signed.

Playday holiday

I understand that Playday is closed during first week of the school holidays for term 1,2 and 3. For summer holidays Playday reopens on the last week of January.

Withdrawing your child

I agree to give a minimum of two weeks notice before withdrawing my child from the centre or change of enrolment days.

Fees

I understand that the fees will be paid for my child when we take our child on holiday during the term. If a public Holiday during Term falls on a day my child is booked into your centre, I will still be charged for this day. If my child misses some time at the centre due to illness, make up days will be offered at the discretion of the centre. If I take my child on holiday, full fees will be charged to hold my child's space at Playday. Balance owing must be paid to Orakei Playday no later than your child's last day at the centre.

Enrolment

I understand that when my child turns 3 years of age he/she will automatically roll over into the 9-1.30pm session. To receive ECE funded hours I need to sign my child's attestation form at least one week before she/he turns 3. I understand that if I do not sign the form prior to my child's 3rd birthday, ECE funded hours can only apply from the date the attestation form is signed.

I confirm that my child is not enrolled at another Centre for same days and hours as enrolled at Orakei Playday. (Required by the Ministry of Education).

I agree that I will sign the daily attendance sheet on my child's arrival. I will advise a staff member before taking my child from Orakei Playday and I will sign the attendance sheet again.

I give permission for my child to be taken to the nearest doctor or hospital in the event of an emergency.

I give permission to apply sun block when needed.

I give permission for staff to apply Arnica cream if required.

I give for my child to be photographed and or videoed for documentation in the classroom, portfolios, newsletters & facebook

I give permission for my child to leave Orakei Playday with staff on walks/visits within a 1km radius of the Centre. I understand Playday will complete a risk assessment for each outing which will be displayed on the day by the sign in sheet.

I agree to notify Orakei Playday promptly regarding any absence and the reasons for absence.

I acknowledge that I have read and understand the term and conditions which I hereby accept.

Child name: _____ Date: _____

Signed: _____ Name: _____

All About Me

This page is for you to fill out with your child. The information you share with us is used to help us settle your child when they first start at Playday, as it enables us to talk to them about something comforting and familiar. It also assists us in better understanding your child and being able to effectively support their learning and development during their time with us.

My name is _____ but I prefer to be called _____

At home I live with _____

The other important people in my life are _____

The language/s I speak at home is/are _____

I do/don't have any pets _____

The types and names of my pets are _____

I like to _____

My favourite book is _____

My favourite colour(s) is (are) _____

My favourite song/music is _____

Is there anything else that you would like the teachers to know? _____

What do you want to experience at Playday? _____

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