

Enrolment Agreement Form

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

Child's details:

Child's official surname or family name:

Child's official given name:

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

Name your child is known by / preferred name:

Surname / family name:

Given name:

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

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address: _____
Post Code: _____

Child Identification:

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:

This privacy statement explains how the MI Kids collects, stores, uses and shares your personal information. Respect to the privacy and conditionality is important to us at MI Kids. We are striving to meet our responsibilities under the Privacy Act 2020, which imposes constraints about the collection, use and dissemination of personal information gathered through the activities of the ECE setting. We also value honesty and transparency. We only collect information from you that is relevant and necessary for the service you are getting from us and it is important the records we hold are accurate and complete. The personal information on your child's enrolment forms is used for the purposes of providing education for your child. You always have the right not to provide us with your personal information, however some services may not be available to you if you choose not to. We will use, store and disclose your child's information only in accordance with the Privacy Act 2020. Under that Act you have the right to regularly access and request correction of any personal information we hold about you or your child. This information will not be kept for longer than necessary. Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
 - for monitoring purposes
 - to allow the assignment of a National Student Number* to your child, and
 - to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.
- Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

We may change or update this privacy statement from time to time, accordingly to any changes to the Privacy Act or to MI Kids Privacy Policy and Procedures.

This statement was last updated in February 2024

Parents / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Phone (Work):	Phone (Work):
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:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):

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 <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 (Mobile):	Phone (Mobile):
Email:	Email:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health			
Dose your child have any Illness/allergies? If YES, please give details:	Tick One	Yes <input style="width: 30px;" type="checkbox"/>	No <input style="width: 30px;" type="checkbox"/>
Is your child up-to-date with immunisations?	Tick One	Yes <input style="width: 30px;" type="checkbox"/>	No <input style="width: 30px;" type="checkbox"/>
<i>(Please provide verification of all immunisations or sign below if your child is not immunized)</i>			
Parent/Guardian Signature: _____	Date: ____ / ____ / ____		
For staff: Immunisation records sighted, and details recorded:	Tick One	Yes <input style="width: 30px;" type="checkbox"/>	No <input style="width: 30px;" type="checkbox"/>

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. <i>Note: The service must provide specific information about the category (i) preparations that will be used.</i>	
Do you approve category (i) medicines to be used on your child?	Tick One Yes <input style="width: 30px;" type="checkbox"/> No <input style="width: 30px;" type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
<ul style="list-style-type: none"> - Antiseptic Liquid (Betadine) - Arnica cream - Anti-insect bite cream (Soovbite) 	<ul style="list-style-type: none"> - Sunblock (<i>parent's letter</i>) - Ice-pack - Band aids
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.	
Panadol/Paracetamol/Ibuprofen/Pamol is NOT able to be administered without written authorisation.	
Do you approve category (ii) medicines to be used on your child?	Tick One Yes <input style="width: 30px;" type="checkbox"/> No <input style="width: 30px;" type="checkbox"/>
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 <input style="width: 30px;" type="checkbox"/> No <input style="width: 30px;" type="checkbox"/>
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: ____ / ____ / ____	

Enrolment Details:								
Date of Enrolment: ____ / ____ / ____ Date of Entry: ____ / ____ / ____ Date of Exit: ____ / ____ / ____								
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Times Enrolled:								Total hours:
Parent/Guardian Signature: _____ Date: ____ / ____ / ____								
20 Hours ECE Attestation:								
<i>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.</i>								
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:
1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? <div style="text-align: right;"> <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>								
2. Is your child receiving 20 Hours ECE at any other services? <div style="text-align: right;"> <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>								
If yes to either or both of the above, please sign to confirm that: <ul style="list-style-type: none"> ▪ 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 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 (circle one) enrolled at another early childhood institution at the same times that he/she is enrolled at ML Kids Home-Based ECE Service.								
Parent/Guardian Signature: _____ Date: ____ / ____ / ____								

Optional Charges (please see enclosed Optional Charges Schedule)

Optional charges may put in place by your Educator for items such as home cooked meal, outings, etc. These should be discussed on enrolment, so you are clear as to what these are/may be for your child, and detailed in this Agreement below.

1. The optional charge is for (give details of specific activities or items, and their cost):
_____.
2. I understand that if I agree to pay for the optional charge ML Kids may enforce payment.
3. The agreement to pay the optional charge will last for: _____.
4. The rules about making changes to the agreement to pay the optional charge are:
 - All changes to optional charges must be notified in writing by the Educator/ML Kids.
 - Parents must notify the Educator/ ML Kids in writing if they no longer wish to pay optional charges.
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 by my Educator.

Parent/Guardian Signature: _____

Date: ____/____/____

Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

The service does **NOT** operate on Statutory Holidays, including New Year's Day, Day after New Year's Day, Auckland Anniversary, Waitangi Day, Good Friday, Easter Monday, ANZAC Day, Queen's Birthday, Labour Day, Christmas Day, Boxing Day.

If you take **holidays throughout the year** you will still need to pay the fees to keep your child's space. **100% of fees** will be due for the first **week** of absence and **50%** for the following weeks/days.

Parent/Guardian Signature: _____

Date: ____/____/____

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: ____/____/____

The address of the home where the educator will be providing education and care for your child.

Post Code: _____

Parent/Guardian Signature: _____

Date: ____/____/____

Home-Based Educator Top Up Payments

1. If I agree to home-based educator top up payments, I understand that _____ may enforce payment.
2. I understand that the home-based service pass-through to the educator is \$ _____ per hour.
3. As a condition of enrolment, I will pay _____ a home-based educator top-up payment of \$ _____ per hour for the hours of 20 Hours ECE.

Please include details of any other arrangements:

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

Required Information for Licensing Purposes

Please indicate below whether you give permission for your child to:

Travel by motor vehicle (with current Rego & WOF).
A driver will hold a full NZ Driver licence.

Tick One Yes

No

Attend small local walks and to take part in regular excursions (under the conditions stated in the service's excursions policy) maintaining adult child ratios 1:4 or for more than one child under 2 1 extra adult is required

Tick One Yes

No

Be photographed by our staff for the purpose of:

Planning assessment (for child's portfolio or journal)

Tick One Yes

No

ML Kids' and Educator's Facebook pages

Tick One Yes

No

Newsletters

Tick One Yes

No

General Marketing advertisement

Tick One Yes

No

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

Other information:

- **Policy Statement:** ML Kids 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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.

Terms and Conditions of Enrolment

I acknowledge that I have read and understood the following:

- Minimum enrolment hours are **12 hours a week**.
- My child **must attend the booked hours** I have specified and that I must alter my booked hours to match attendance should they vary. This is important as the service is bound by the Home-Based Regulations to care for maximum of four children at any one time.

- **Booking Fee:** I understand there is a \$25 Administration/Booking Fee to hold my child's space and to cover administrative costs to start my child's enrolment at Multilingual Kids. I understand if I change my mind and decide not to enrol my child with Multilingual Kids, this is a non-refundable deposit.
- **Fees:** In signing this Enrolment Agreement I agree to pay fees on the basis of the **Educator's Fee Schedule** and current at the time of enrolment.
- The fees are **paid directly to the Educator** providing the service. Any issues arisen must be resolved directly with Educator/s demonstrating mutual respect and fairness. ML Kids will mediate between parents and Educator if necessary in accordance with ML Kids' Fees and Finance Policy.
- The Educators reserve/s the **right to change the fee rates** and notify ML Kids and the parents at least 4 weeks in advance. The new rates will apply from the arranged date.
- Work and Income: I am applying for Work and Income childcare subsidy prior to my child starting **Y / N**
 - I understand that if I am eligible for Work and Income childcare subsidy, I am responsible for paying all fees in full until my subsidy is approved. Once approved, ML Kids will credit my account upon receipt.
 - I also understand that I am responsible for any fees not covered by my subsidy.
 - I am responsible for ensuring Work and Income are kept informed of any changes that may affect my subsidy.
- I agree to notify the service as soon as possible if my child is going to be absent.
At least **two weeks advance notice** must be given to the ML Kids Management Team before withdrawing my child from the service, before changing any booked days/ hours or any extended child absence such as family holiday, term holiday. When terminating this enrolment agreement, I understand fees are payable for the full **2 weeks' notice period**, regardless of whether my child is attending or not.
- I understand that **100% payment** for all enrolled hours is still required when my child does not attend due to **illness or family choice**.
- **100% rate** applies for prearranged extended (1 week and over) child absences. ML Kids should be notified about intended holiday at least 2 weeks in advance.
- **No fee** is required if Educator's service is closed. For further details refer to ML Kids Finance and Fee Policy.
- A **late fee penalty of \$ 5** per minute will be charged if children are collected after 6 pm.
- **Transitional School Visits:** Information regarding my child's transitional school visits will be recorded on the Transition Visit form as an addition to this enrolment agreement.
- **Illness:** I understand and agree that I will not bring my child to the service in the event of sickness or infectious illness. I will notify the centre if my child is not attending and inform the Educator of the nature of the illness.
- I will inform the service if anyone other than me is to collect my child, and I understand that he/she must remain at the service until that permission has been received.
- I give permission for the service to seek medical or specialist advice if considered necessary for my child's well-being.
- I give permission for an ambulance to be called for my child in the case of an emergency. I will pay all reasonable expenses incurred in this situation – e.g. Urgent doctor, Ambulance charges, etc.
- I give permission for my child to be taken to an alternative location in the event of an emergency. Further to this, I understand that it may be necessary for my child to be transported to a safe place. In this situation my child may not be restrained in an approved car seat.

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

Parent Declaration

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

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

Service Declaration (for staff)

On behalf of Multilingual Kids Home-Based ECE Service, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____