

# Enrolment Agreement Form for Learning Tree Early Childcare Centre Albany



Opening Hours: Monday to Friday 7.30am – 6.00pm

We are open every day including School Holidays,  
but excluding Public Holidays.

Phone: 09 444 1979

## ◆ Child's details:

## National Student Number (NSN):

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:

Copy of official identity verification document\* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

Staff initials: \_\_\_\_\_

Child's date of birth:    d / m / yy

Male

Female

Child's ethnic origin/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Iwi your child belongs to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language/s spoken at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's primary residential address:

\_\_\_\_\_  
\_\_\_\_\_

Post Code:

How did you find out about us? (circle)

Word of Mouth

Local School

Social Media

Other

## ◆ Privacy Statement:

We are collecting personal information on this enrolment 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 2020. 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](http://eli.education.govt.nz)

\* Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://eli.education.govt.nz)

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

<b>Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Occupation:	Occupation:
Work address:	Work address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Occupation:	Occupation:
Work address:	Work address:
Post Code:	Post Code:
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
<b>Custodial Statement</b> (Refer to Parents Right of Entry Policy)	
Are there any custodial arrangements concerning your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
If <b>YES</b> , have you provided management with a photograph of the person which the court order refers to?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Relationship to child:
Name:	Relationship to child:

**Collection of Children from Centre** (Regulation 58)

No child will be allowed to leave the Centre with any person, unless the person: -

- (a) Is a parent/guardian providing day-to-day care for the child; or
- (b) Is authorised in writing by the parent/guardian (providing day-to-day care), to collect the child from the Centre and is over the age of 14 years. Identification will be requested if the authorised person is unknown to staff.

Refer to Parents Right of Entry Policy, Child Protection Policy and the Parent Information Booklet.

**Emergency Contacts (also able to pick up child):**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

**Additional person/s who can pick up your child:**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

**◆ Enrolment Details:**

Date of Enrolment: \_\_\_ / \_\_\_ / \_\_\_      Date of Entry: \_\_\_ / \_\_\_ / \_\_\_      Date of Exit: \_\_\_ / \_\_\_ / \_\_\_

**Please note:** 20 hours ECE funding is for 3, 4 and 5 year old children, up to **six hours per day**, up to a total of **20 hours per week**, and there must be no compulsory fees when a child is receiving the 20 Hours ECE.

If at any time you require a review of your child's attendance, please discuss this with the Centre Manager/Enrolments Officer and complete the necessary documents.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Times Enrolled:						

**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:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**◆ 20 Hours ECE Attestation (for 3, 4 and 5 year old children):**

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

Tick One    Yes     No

2. Is your child receiving 20 Hours ECE at any other services?    Tick One    Yes     No

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 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** enrolled at another early childhood institution at the same times that he/she is enrolled at Learning Tree Early Childcare Centre.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### ◆ Statutory Holidays / Term Breaks:

This enrolment agreement is **inclusive** of School term breaks and Public Holidays.

### Fee Agreement

#### Absence Rule

Please advise if your child is going to be absent due to sickness or infectious disease. Regarding vomiting and diarrhoea, it is requested that your child does not return to Centre for at least 48 hours after their last vomit or loose bowel motion. However, a child may return earlier providing that the Centre is given a medical certificate/clearance stating that the child is fit to resume (*refer to 4a Illness Policy*).

If your child becomes unwell at the Centre, we will notify you immediately to collect your child.

#### Absence Fee:

You will be charged the full amount payable per week whether your child has attended or not. Refer to the Centre's Fees Policy.

#### Holiday Arrangements:

Public holidays will be charged as a normal care day, with the usual daily charges. Please note that this change will not affect those who currently utilise free ECE hours, or those whose fees are fully paid by WINZ.

Where a minimum of two weeks notice is given, absence due to holidays will be charged at 50% of the normal booked rate up to a maximum of three weeks (15 days) per year. Holidays taken without prior notice or greater than three weeks per year will be charged at the normal booked rate.

#### Fees Payable Agreement:

This Centre is a fee-paying service that does not allow accounts to be in arrears. Details of the fee charges are outlined in the Centre's Fee Schedule. Fee payments are based on 52 weeks of the year, weekly fee charges remain the same regardless of statutory holidays, child illness, family illness, and transition times. Refer to the Centre's Fee Policy.

In the event your account is handed over to a debt recovery agent you will incur all debt recovery costs on top of your outstanding debt.

#### Payment of Fees:

If you consider you may have financial difficulties in meeting the fee requirements, it is important this aspect is further discussed with the Centre Manager and Finance Team.

Billing / Accounts:	
<b>1. Parent/Guardian</b>	<b>2. Parent/Guardian</b>
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Billing Address:	Billing Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

We acknowledge we have read and understood the fees as detailed in the fee schedule included in the enrolment pack.

### Cancellation of a Child's Enrolment

If you decide to cancel your child's placement for any reason:

- Please advise the Centre Manager or Enrolments Officer of your intention by giving two weeks' notice. You may leave within this timeframe however you will still be responsible for the full two weeks payments.
- The charge for the two weeks will be consistent with what you have been charged for previous hours of attendance.
- You are required to advise WINZ of the subsidy end date
- Accounts must be paid in full prior to departure, unless a payment arrangement has been made with the Centre Manager.
- Staff are to record the exit date of the child on the enrolment form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Work and Income New Zealand (WINZ)

You may be able to claim for a subsidy for your child's attendance. A subsidy is based on gross (pre-tax) income of a family and the number of dependents in their care. Subsidies are not just for single income family earners but also for families with joint incomes.

Do you qualify for a WINZ Childcare Subsidy?  Yes  No  Unsure

If you require assistance working out entitlements, please ask the Centre Manager at any time.

Will you be applying for a Childcare Subsidy?  Yes  No

If "yes", the Centre Manager can supply you with a form.

- A Childcare Subsidy is to support the total weekly charges for children's attendances, making parents/caregivers responsible to pay the Centre the remaining amounts due weekly.
- WINZ subsidies are not paid to this service to clear outstanding amounts owed by families
- It is your responsibility as a parent/caregiver to ensure your child's subsidy application, renewals or change of circumstances forms have been completed and received by WINZ. In the event your child's subsidy has been suspended or cancelled, you will be liable to pay full rate charges up until management has received confirmation from WINZ that your child's subsidy has been renewed or started. You will be responsible for any debt incurred in the event of an overpayment of subsidies. Applications can be logged with WINZ through their 0800 number, or online. WINZ will backdate the application to the date of the call, up to a maximum of 20 days.

## Medical Information

### Illness Statement:

The Centre Manager or Person Responsible will take all reasonable steps to ensure that any child/ren suffering from any infectious disease listed in Appendix 2 HS26 of the ECE Licensing Criteria/Early Childhood Regulations (2008) is excluded from the Centre for the duration listed.

The Centre Manager of a licensed Centre must ensure that where a child attending the Centre is identified as having an infectious disease, all practicable steps are taken to isolate the child from others attending the Centre, and will return the child to the care of an appropriate parent, guardian, or whānau member without delay.

In the case of an injury to, or serious illness of a child, occurring or noticed, at a licensed Centre in circumstances that call for immediate medical aid, the person responsible will follow procedure to get medical aid, and will notify an appropriate parent, caregiver, or whānau member without delay.

<b>Child's Doctor:</b>	
Name:	Phone:
Name of Medical Centre:	
<b>Health</b>	
Does your child suffer from any illness or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the name of each illness/allergy, and the symptoms associated with each one?	
If your child is required to take medication for any illness or allergies, please complete the Medications section on the next page.	
Important notes:	
<ul style="list-style-type: none"> <li>- Children who have ongoing prescribed medication for an illness or condition require a health plan from their Doctor.</li> <li>- Children who have severe allergic reactions require a health plan from their Doctor.</li> </ul>	
Has your child ever been stung by a bee/wasp?	Tick One    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sun Smart:</b> During the summer months (September to April approximately), UVI ratings are high. At our Centre we encourage sun smart awareness with our families. (Refer to our Sunsmart Policy).	
During the summer days, can you please ensure your child attends the Centre each day with the following named items:	
<ol style="list-style-type: none"> <li>1. a bucket sunhat or legionnaire's sunhat (if under 2 years old),</li> <li>2. a wet bag (for storing your child's wet clothing) and</li> <li>3. a rash shirt for participating in outdoor water activities.</li> </ol>	
Does your child have a known allergy to sunscreen?	Tick One    Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, you will be asked to supply your own sunscreen for your child. A named bottle can be kept at the Centre.	
For infant children under 2 years: Have you completed a small patch test with your child for a possible allergy to sunscreen?	Tick One    Yes <input type="checkbox"/> No <input type="checkbox"/>
Our Centre takes all care where possible. You will take full responsibility in the event of any allergic reaction or reaction unknown to the sunscreen, used on your child either supplied by you or provided by the Centre.	
Do you prefer your child to use the sunscreen you will provide?	Tick One    Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you happy for your child to use the Centre sunscreen?	Tick One    Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you provide authorisation for your child to have sunscreen reapplied throughout the day as required? Refer to Sun Smart Policy.	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child up-to-date with immunisations?	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide verification of all immunisations.					
<b>For staff:</b> Immunisation records sighted and details recorded:	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Our Centre is culturally responsive and will take all reasonable and practicable steps to provide cultural selected foods, and/or nutritional alternative foods (upon parent approval). Practices will reflect the Te Whāriki (2017), be responsive to Hauora ( <i>holistic wellbeing</i> ) and the Health and Physical Education Curriculum (2014)					
<b>Nuts and nut products:</b> Our Centre acknowledges children may have allergic reactions to nuts and/or nut products. Due to the severity of reactions suffered by some children and adults, we strongly discourage these from being brought into Centre (includes bars and spreads). While nuts are a great source of protein, we would like to suggest alternative lunchbox fillers such as boiled eggs, lean meats, cheese, yoghurt, fruit and vegetables (cooked or raw).					
Does your child have any specific dietary requirements? If Yes, please give details:	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Physical Conditions</b>					
Does your child suffer from any physical impairments or impediments? e.g. wears glasses, hearing aids, or has a speech impediment etc.	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state details:					
Is your child receiving any intervention or therapy for their impairment?	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state details:					
Parent/Guardian Signature: _____ Date: ____ / ____ / ____					

## Medications

You will be required to complete the Centre's Medication Administering Agreement Form contained further within this enrolment form. Any prescribed medication to be administered to your child while at the Centre, can only occur if this form has been signed. Depending on the category of the medication, you will also be required to sign the Category (ii) Medication Register for short-term daily doses or a Category (iii) Medication Plan for ongoing long-term administering of medication.

<b>Medicine</b>					
<b>Category (i) Medicines</b>					
A category (i) medicine is a non-prescription preparation (such as arnica cream, lanolin, 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	<input type="checkbox"/>	No	<input type="checkbox"/>



Name/s of specific category (i) medicines that can be used on my child, <u>provided by the Service</u> : <b>Centre to cross out any medicines that are not used in Centre.</b>	
▪ <b>Arnica</b> (if used, the treatment will be noted in the Injury/Incident/ Register)	▪ <b>Insect Bite Cream/Spray</b> (if used, the treatment will be noted in the Injury/Incident/ Register)
▪ <b>Antiseptic Cream/Liquid (i.e. Savlon, Dettol or similar)</b> (if used, the treatment will be noted in the Injury/Incident/ Register)	▪ <b>Paw Paw Ointment</b> (if used, the treatment will be noted in the Injury/Incident/ Register)
▪ <b>Calendula Cream</b> (if used, the treatment will be noted in the Nappy and Toileting Chart)	▪ <b>Cornflour</b> (if used, the treatment will be noted in the Nappy and Toileting Chart)
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>Category (ii) Medicines</b>	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc.) or non-prescription (such as paracetamol liquid, cough syrup and teething gels 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 as 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.	
<b>If your child should require the administering of a category (ii) medication, the Category (ii) Medication Register will be completed on a daily basis.</b>	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

<b>Category (iii) Medicines</b>	
To be filled in if your child requires medication as part of an individual health plan, for example a prescription (such as asthma inhalers, epilepsy medication etc) used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reactions, diabetes, eczema etc) or;	
Non-prescription medicine (such as antihistamine syrup, lanolin cream, bonjela teething gels and steroid based eczema creams etc) that is used to treat a specific conditional symptom provided by a parent for the use of that child only.	
<b>If your child should require the administering of category (iii) medication, please complete the Category (iii) Medication Plan which is included in your enrolment pack.</b>	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

## Medication Administering Agreement Form

### Parent consent

I/we (please print first and last names) \_\_\_\_\_ have read and agree with the Centre's Administering Medication Policy, and are fully aware and understand the procedure required for administering medications.

I/we as the parent/guardian/whānau member take full responsibility of informing the Centre Manager or person of responsibility of any change to my child's medical circumstances.

I/we accept in some circumstances of administering medication that staff training may be required by an outside professional personnel or agency and I/we undertake to support the staff through this process.

I/we have been informed and made aware that the Centre staff are not trained Health Professionals.

I/we take full responsibility in the event of any allergic reaction or reaction unknown that the prescribed medication has/may cause to my child that I/we have supplied to the staff to administer.

I/we give permission for Centre staff to seek medical advice from an emergency health provider immediately in the above instance, as well as informing me/us as soon as is practicable.

I/we will seek management advice to clarify any of the above written statements in the event I/we are uncertain of the content.

I/we agree to all of the Centre's conditions and rules for administering prescribed medications.

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

### Health and Wellbeing Checks:

Health Services visit the Centre regularly to carry out child wellbeing checks which may include hearing and vision, before school checks, dental and general health checks.

Do you give permission for your child to be checked by our visiting health services?  Yes  No

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

#### Face Paint

Do you give permission for your child to have face paint applied?  Yes  No

#### Celebrations

Do you give permission for your child to partake in regular and annual celebrations within Centre such as Easter, Birthdays, Christmas for example?  Yes  No

Please note, if you have ticked "no" then your child will continue with the daily curricula activities up until the celebration has finished.

### Practice

#### Toilet Learning

Is your child independent with his/her learning skills?  Yes  No

Is your child currently going through the toilet training process?  Yes  No

Are there any points you wish to share regarding toileting of your child?  
Please note:

#### Nappies

It is requested that you bring your child to Centre with a clean nappy on.

## Sleeping

Will your child be requiring a sleep throughout the day?

Yes  No

Appropriate tikanga practice will be adhered to. Placement of beds – head to head, feet to feet, no sitting or standing on pillows – if used. Amber beads, necklaces are not recommended to be worn while sleeping however, appropriate tikanga practice is complied with if you choose for your child to wear his/her taonga.

Does your child require his/her taonga to sleep with?

Yes  No

If yes, please provide details:

## Head Lice

Centre staff are not permitted to check children's hair for head lice, other than carrying out a perfunctory glance, without parent permission.

Do you give permission for your child's hair to be checked for head lice by Centre staff?

Yes  No

Parent/Guardian Signature: _____	Date: ____ / ____ / ____
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If it is discovered that a child has head lice, a parent/guardian will be contacted immediately and requested to treat their child's hair as soon as practically possible. Once notification has been given, your child will be excluded from the Centre until their hair is free of live head lice and eggs.

Further information is available from the Centre for detecting, treating and preventing head lice infestations. Please ask the manager if this information would be useful to you.

## Curriculum

### Observations

As part of catering for your child's individual and developmental needs, staff are required to make regular observations of children, collect artwork, regularly photograph them and develop individual learning assessments in conjunction with parents/guardians. The collected data is kept in children's individual portfolio books which parents have access to. All information collected is kept confidential to each child and their family.

Do you give staff permission to observe your child?

Yes  No

### Storypark

The Centre staff will be using Storypark to record your child's development in a secure online portal. Private access is available to you via App and Web, and is fully interactive allowing you to view, comment and share any content which is uploaded. You will be invited to the portal should you wish to go ahead. Sharing of the portal with your family members / friends, is up to you.

Do you give permission for your child to have a Storypark profile?

Yes  No

Please provide the email address you wish to receive Storypark emails on \_\_\_\_\_  
More information about Storypark can be found here: [https://www.storypark.com/for\\_families](https://www.storypark.com/for_families)

Do you give permission for your child to be tagged in group learning stories? This may include your child being photographed as a group story and/or included in a photo for another child's learning assessment.

Yes  No

## Photos and Videos

Do you give staff permission to photograph your child in any Centre based activity or experience for the purpose of identifying your child's learning and developmental skills, abilities and interests?

Yes  No

Parent/Guardian Signature: _____	Date: ____ / ____ / ____
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## Centre Advertising and Marketing

Sometimes we may use children's photographs in our general Centre advertising or marketing, such as on our website or social media platforms.

Do you **give permission** for your child to be included in photographs used in Centre advertising or marketing including the Centre website and social media platforms?

Yes  No

Please note: Parents/guardians/whānau members are forbidden to take any photos of any child/ren on Centre premises, and or any Centre activity/experience outside of the Centre unless prior agreement has been granted by the manager or person of responsibility. Publishing children's photos other than your own child without appropriate authority gained on any social website such as Facebook etc, is an act of criminality. In this instance, breaches of the Privacy and Confidentiality Acts would be broken, that could lead to serious charges laid against you.

Parent/Guardian Signature: _____	Date: ____ / ____ / ____
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## Policy Statement

The Centre has a number of policies that set out the procedures that are in place for the care and education of the children who attend.

On enrolment, you will be sent a number of relevant policies electronically on enrolment (through the online parent portal or via email) including the Ministry of Health reducing choking and healthy eating guidelines. Other Centre and Health and Safety policies are available to view In Centre.

We strongly encourage you to read these fully as 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.

## Excursions

Excursions will comply with the Early Childhood Regulations. Refer to the Centre's Travel and Excursion Arrangement Policy. Adult: Child ratios for the following types of excursions will be:

**Regular Excursions** – excursions that parents have agreed to at the time of their child's enrolment, that are part of an ongoing planned and consistent routine of education and care. Refer to Regular Excursions Consent Form.

Community walks - Spontaneous (within a 2km radius of Centre):

Children aged 0-2 years: 1:2 (2:4)  
Children aged 2-3 years: 2:6  
Children aged 3-5 years 2:16

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

| Version: March 2021

**Special Excursions** – excursions that parents/guardians have agreed to prior to the excursion taking place, that are not a regular excursion. For example, venturing out for visits into nature which may include Native Bush/Reserve /Walks, Private Land, Beach or a River. Parental permission will be sought prior to the excursion taking place.

**Transportation Excursions:**

Centre Van and Taxi Vans:

Children aged 0-2 years: 1:2 (2:4)

Children aged 2-5 years: 2:8

Community Buses:

Children aged 0-2 years: 1:2 (2:4)

Children aged 2-5 years: 2:8

Staff/Parent vehicles:

For children of all ages in a 5-seater vehicle: 2:3

For children of all ages in a 7/8-seater vehicle: 2:8

Water Venues (Swimming Venues):

Children aged 0-2 years: 1:1 (2:2)

Children aged 2-5 years: 2:6

Out-of-Town Excursions – By Bus:

Children aged 0 – 2 years: 1:2 (2:4)

Children aged 2-5 years: 2:10

Do you give permission for the Centre Manager or Persons' Responsible to sign your child in and out of the Centre for excursions? This includes Regular and/or Special Excursions.  Yes  No

**NB:** Person Responsible – Qualified, Registered Teachers

Do you approve of the adult: child ratios identified for an excursion to take place (regular or special)?  Yes  No

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

1. If you have ticked "no" then your child will continue with the daily curricula activities. In this instance management will ensure that the remaining staff and children at the Centre will comply with the Early Childhood Regulations (2008) relating to adult: child ratios and persons of responsibility.
2. Any excursion requiring transportation will not proceed until parents/guardians have signed authorisation for their child to be signed in and out of the service by the nominated person responsible who has approved the event, visible on the Risk Assessment Management Plan.  
Reg: 46 HS 18.

Pre-visit Information:			
To encourage the settling process for your child, recommended short pre-visits are agreed.			
Pre-Visit #	Date of Visit	Day	Visit Time:

## Overall Declaration

◆ 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
On behalf of Learning Tree Early Childcare Centre – Albany, I declare that this form has been checked and all relevant sections have been completed.
Service Provider Signature: _____ Date: ____/____/____

*In conjunction with the enrolment form, please ensure the completion of the Regular Excursion Consent Form and the Category (iii) Medication Plan (if applicable).*