



Treetops
Early Learning Centre

Treetops Early Learning Centre Enrolment Agreement Form

Treetops Botany Centre
Sunset Terrace
PO Box 64015, Botany,
Auckland, 2010
Phone (09) 272 4448
botany@treetopslearning.co.nz

Treetops Botany Junction
277 Te Irirangi Dr
PO Box 217039, Botany
Junction, Auckland, 2019
Phone (09) 271 1550
junction@treetopslearning.co.nz

Treetops Pukekohe
1246 Paerata Rd
PO Box 444,
Pukekohe, 2340
Phone: (09) 553 9817
pukekohe@treetopslearning.co.nz

Fees in advance already paid: \$

◆ Child's details:

Child's **official given name:**

Child's **official surname or family 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: **d d / m m / y y y y**

Male ☐

Female ☐

Copy of official identity verification document * collected by staff:

☐ NZ birth certificate

☐ Foreign birth certificate

☐ NZ passport

☐ Foreign passport

☐ Other:

Staff initials:

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Postcode

◆ 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 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 www.minedu.govt.nz/parents

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

Parents / Guardians details:	
Title: Mrs Miss Mr Ms (please circle)	Title: Mrs Miss Mr Ms (please circle)
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Occupation:	Occupation:
Email:	Email:
Title: Mrs Miss Mr Ms (please circle)	Title: Mrs Miss Mr Ms (please circle)
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Occupation:	Occupation:
Email:	Email:
Emergency Contacts: (Authorised to uplift your child from Treetops ELC)	
Title: Mrs Miss Mr Ms (please circle)	Title: Mrs Miss Mr Ms (please circle)
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Postcode:	Postcode
Phone (Home): (Work):	Phone (Home): (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

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:

Child's Doctor:	
Name:	Phone:
Name of Medical Centre:	

Health			
Does your child have any illnesses or allergies?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:			
Does your child require a special diet?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:			
Is your child up to date with immunisations?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please provide verifications of all immunisations)			
Immunisation record sighted and details recorded		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medicine	
Category (i) Medicines	
A category (i) medicine is a non-prescription preparation 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.	
Do you approve category (i) medicines to be used on your child	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child	
<ul style="list-style-type: none"> ▪ Zinc and castor oil nappy cream 	<ul style="list-style-type: none"> ▪ Zoono hand sanitiser
<ul style="list-style-type: none"> ▪ Arnica 	<ul style="list-style-type: none"> ▪ Plasters
<ul style="list-style-type: none"> ▪ Saline 	<ul style="list-style-type: none"> ▪ Sunscreen
<ul style="list-style-type: none"> ▪ Calendula cream 	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

Category (ii) Medicines	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops, paracetamol 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.	
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 (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 type="checkbox"/> No <input 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: ____ / ____ / ____						
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 number of hours:
Times Enrolled:						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours (3 – 5-year-olds)						
20 Hours ECE at this service						Total no of hours:
20 Hours ECE at another service						Total number of hours:
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

◆ 20 Hours ECE Attestation: (3 – 5-year-olds)

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 not enrolled at another early childhood institution at the same times that he/she is enrolled at Treetops Early Learning Centre.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Optional Charges: Sessional Care only

1. The optional charge is for:

- Morning Tea, Lunch and Afternoon Tea provided at an optional charge of \$7.50 per day.

2. I understand that if I agree to pay for the optional charge, Treetops Early Learning Centre may enforce payment.

3. The agreement to pay the optional charge will last for: as long as the child is enrolled

4. The rules about making changes to the agreement are:

- Changes to booked hours, If you wish to increase or decrease the hours/days your child is booked

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:** Treetops Early Learning Centre is open all school term breaks and closed all public statutory holidays.

Additional information requiring approval for enrolment:	
<ul style="list-style-type: none"> ▪ Excursions: My child has my permission to participate in spontaneous local community walks such as around the local shopping complex or Local Park with other children and regulated staff. Ratios are 1:3 for under 2's and 1:6 for over 2's. Conditions stated in the excursions policy, including ratios by means of public transport will be adhered to at all times. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Medical emergency: I authorise a senior staff member, in the event of illness or accident, to seek medical or other advice as deemed necessary, for my child's best interest. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Photos: As part of the planning process we gather artwork and photos of all children, I agree that my child may have their photo taken by employed staff for assessment purposes and the centre newsletter and that these photographs will be uploaded to Educa our online portfolio system. These photos may also be used for educational purposes by visiting education teachers and students. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Advertising Material: I understand photos may possibly be used for Treetops Early Learning Centre promotional material such as The Treetops Facebook site, website and local newspapers. Permission will be sought prior to publishing. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Policy Statement: Treetops Early Learning 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. 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 the policy review. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Enrolment Information Book: Please ensure you have read the information in the enrolment handbook as it covers important details about Treetops Early Learning Centre such as policies, fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Payment of fees: I agree to pay childcare fees as per the Centre's attached Terms of Trade and understand that any costs incurred in the recovery of overdue fees will be payable by me. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Holidays: I am aware that fees are still payable when my child is absent. I am entitled to up to 3 weeks of absence per year at 50% discount (with 2 weeks notice). 	<input type="checkbox"/>

◆ 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 Treetops Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____ / ____ / ____

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						