



Kids' Domain Early Learning Centre Enrolment Agreement

Private Bag 92024, Auckland, Phone 09 3074949 Ext 25100, Fax 09 3754329

Attending: Pounamu		Kereru		Aroha	
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Child:

Child's first names:	Surname:
Name your child is known by:	
Child's date of birth:	* Please provide copy of Birth Certificate Male <input type="checkbox"/> Female <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:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
ADHB Email:	ADHB Email:

Emergency Contacts:

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:

Doctor:

Name:	Phone:
Address:	

Enrolment Details:

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

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

20 Hours ECE: fill out boxes below with the hours attested e.g. 6 hours.
Please note 20 hours ECE is up to 6 hours per day, up to 20 hours per week.

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:

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

20 Hours ECE Attestation:

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 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: Kids' Domain Early Learning Centre

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:

Person/s who can pick up your child:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

Health:

Illness/allergies:

Is your child up-to-date with immunisations? *Tick One* Yes No

(Please provide verifications of all immunisations)

Immunisations record sighted & details recorded by Kids' Domain representative: *Tick One* Yes No

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: ____ / ____ / ____

Terms and Conditions:

- **Walks and Field Trips:** I give permission for my child to leave the centre in the company of qualified staff members for walks and field trips to our local community which may include the Domain, ADHB campus, Grafton, Parnell and Newmarket. Ratios as per our policy. (Parents will be notified and permission sought for all other planned excursions).
- **Photo/video/stories:** I give permission for centre staff to photograph, video and record details about my child for the purposes of documentation, assessment, planning and evaluation. This may include documentation in the classroom, in portfolios, e-portfolios, centre newsletters, daily pages and digital documentation.

<ul style="list-style-type: none"> ▪ Policy Statement: Kids' Domain 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.
<ul style="list-style-type: none"> ▪ 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.
<ul style="list-style-type: none"> ▪ Privacy Statement: All personal information on your child will be kept securely and remain confidential.
<ul style="list-style-type: none"> ▪ Fee Policy: I am aware of the centre fee policy and schedule of fees and agree to pay fees a week in advance by direct credit. I understand that fees will be charged if my child misses some time at the centre due to illness and for the first week of any absence. When I take my child on holiday I agree to give 2 weeks notice then pay a holding fee for the second and subsequent weeks to hold my child's place.
<ul style="list-style-type: none"> ▪ Attendance: I will ensure my child attends no longer than the hours agreed between me and the centre. I am aware that the centre may apply a late fee payable on my child's account for instances of late pick up as per the fees policy.
<ul style="list-style-type: none"> ▪ Withdrawing my child: I agree to give four full weeks' notice before withdrawing my child from the centre. Balance owing to be paid to Kids' Domain no later than my child's last day. Any outstanding fees will be passed on to Debt Recovery and collection fees will be added to my account.
<ul style="list-style-type: none"> ▪ Signing in: I agree that I will sign the daily attendance register on my child's arrival. I will advise a staff member before taking my child from Kids' Domain. I will sign the daily attendance sheet on my child's departure.
<ul style="list-style-type: none"> ▪ Transport: Children who travel to and from Kids' Domain must travel in a car seat or restraint in accordance with the traffic regulations.
<ul style="list-style-type: none"> ▪ Sun block: I give staff permission to apply sun block on my child when needed.
<ul style="list-style-type: none"> ▪ Non-prescription Medicines: I give permission for staff to apply Arnica Cream, nappy rash cream.
<ul style="list-style-type: none"> ▪ Medication: I authorise Kids' Domain to administer medication given by me for my child and in the case of an emergency, to seek medical advice as the centre may think necessary for my child's best interests.
<ul style="list-style-type: none"> ▪ Illness: I agree that I will not bring my child to the centre in the event of sickness or infectious illness. I will notify the centre if my child is not attending and inform the nature of the illness. I have read and agree to the illness policy.
<ul style="list-style-type: none"> ▪ Head Lice: I give permission for teachers to check my child's hair for head lice if they suspect my child may have head lice.
<ul style="list-style-type: none"> ▪ Health & Safety: I acknowledge that I have read and understood the main Health & Safety risks as outlined in the facts sheet provided at enrolment and know where to go to obtain more information about Health & Safety matters.

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

Privacy Statement: All personal information about you and your child will be stored securely, remain confidential and be disposed of through confidential document disposal once period for use has elapsed. Any changes to this form **must** be signed and dated by the parent/guardian.

MEMBERSHIP APPLICATION TO THE AUCKLAND HOSPITAL PRESCHOOL SOCIETY INC

You may use the services of Kids' Domain Early Learning Centre by becoming a member of the Auckland Hospital Preschool Society Incorporated. The Auckland Hospital Preschool Society Incorporated was established in 1985 to provide quality affordable on-site education and care for ADHB staff on the Grafton Site.

- The service is provided by Kids' Domain Early Learning Centre
- Parents who become members of the Society may use the service
- The Governance group is comprised of up to 9 elected parent members plus the centre Director
- Parent nominations for the Governance group are sought from parent members
- Responsibility for the management of Kids' Domain is with the centre Director
- The Governance group meets monthly and reports to the membership at the annual general meeting held in June or July
- The Director reports to the Governance group monthly at meetings
- Members of the parent community may view the society rules, philosophy, financial statements, and organisational plans on request to the Director.
- Centre Policies are available in each room, in reception, or a copy can be sent by email on request.

NEW PARENT/S TO COMPLETE MEMBERSHIP APPLICATION BELOW AT ENROLMENT

I/We _____

being the parents or guardians of _____

apply to become a member/s of the Auckland Hospital Preschool Society Incorporated.

Signature Parent/Guardian:

Signature Parent /Guardian:

Date:

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: ___/___/___

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