

Enrolment form (Confidential)

Child ID: _____



CHILD DETAILS:

Child's First Name _____ Child's Surname or family name _____

Child's middle names _____ Child's date of birth ____/____/____ Male/Female
(Please separate names with a comma) (Please circle one)

Other name your child is known by _____

Child's residential address _____ Postcode _____

Phone (home) _____ Child's ethnic origin/s _____

Iwi your child belongs to _____ Language/s spoken at home _____

PARENT/GUARDIAN/WHĀNAU

Name _____

Address _____

Postal address (if different to above) _____

Home phone _____ Mobile _____

Work phone _____

Email _____

PARENT/GUARDIAN/WHĀNAU

Name _____

Address _____

Postal address (if different to above) _____

Home phone _____ Mobile _____

Work phone _____

Email _____

EMERGENCY CONTACTS: (other than above)

Name _____ Relationship to child _____ Phone _____ Mobile _____

Name _____ Relationship to child _____ Phone _____ Mobile _____

COLLECTION PEOPLE: (other than above)

only those persons named on enrolment will have the authority to collect your child from the Educarers home, unless special arrangements are made prior to pick up.

Name _____ Name _____

Phone _____ Mobile _____ Phone _____ Mobile _____

COPY OF CHILD'S OFFICIAL IDENTITY:

New Zealand Birth Certificate Foreign Birth Certificate
 New Zealand Passport Foreign Passport

Copy Received by – Staff Initials _____

ENROLMENT DETAILS:

Date of enrolment: ___/___/___

Start Date: ___/___/___

Finish Date: ___/___/___

Booked Hours (Start Time – Finish Time)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
3 – 6 years old 20 Hours ECE at Bizzy Buddyz							Total ECE
3 – 6 years old 20 Hours ECE at another service							Total ECE

Please Note: 20 FREE Hours ECE for 3 – 6-year old's is attested up to a maximum of six hours per day, maximum 20 hours per week and there must be no compulsory fees when a child is receiving 20 Hours ECE funding. *There are no optional charges when enrolling with Bizzy Buddyz Ltd.

20 HOURS ECE ATTESTATION:

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? **Yes / No**

Is your child receiving 20 Hours ECE at any other services? **Yes / No**

- 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 Bizzy Buddyz Ltd service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, information.

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 Bizzy Buddyz Ltd.

STATUTORY HOLIDAYS:

- | | | |
|---|---|--|
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Good Friday | <input type="checkbox"/> Matariki |
| <input type="checkbox"/> New Year's Day Observed | <input type="checkbox"/> Easter Monday | <input type="checkbox"/> Labour Day |
| <input type="checkbox"/> Auckland Anniversary Day | <input type="checkbox"/> ANZAC Day | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> Waitangi Day | <input type="checkbox"/> Queen's Birthday | <input type="checkbox"/> Boxing Day |

Bizzy Buddyz can provide care on Statutory holidays. If you need care on any given statutory holiday you must tick the corresponding box (above) to confirm.

Parent/Guardian Signature _____

Date: ___/___/___

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

CUSTODIAL STATEMENT:

Are there any custodial arrangements concerning your child? **Yes / No**

Has the court document/custody order been provided to management to be sighted? **Yes / No**

WINZ SUBSIDY:

Is your child eligible for a subsidy? **Yes / No** Hours per week: _____ Application Date: ____/____/____

WINZ Childcare Subsidy Form Completed – Staff initials _____

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? **Yes / No**

If yes, what is the relationship of the educators to your child? _____

MEDICAL INFORMATION:

Family Doctor / Practice _____

Please record details of any important information / special needs (physical, emotional, allergies and any medication required)

Details of any chronic illness/condition: _____

Are there any implications or actions that need to be followed: _____

Parents must complete a separate form to give the Educarer written permission to administer prescribed medication e.g. Ventolin

IMMUNISATIONS: (please provide a copy of Immunisation Record with enrolment)

Is your child up to date with immunisations? **Yes / No**

For staff: Immunisation records sighted, and details recorded: **Yes / No**

Staff Initials: _____

PHOTO AND SOCIAL MEDIA CONSENT:

I consent to photos of my child _____ being used in:-

Child's name

- Storypark
- Facebook
- Instagram

- Profile Books
- Pamphlets
- Newsletters

- Newspaper
- Website

First names only will be published on public platforms

OTHER INFORMATION:



Policy statement: Bizzy Buddyz Ltd has a number of policies that set out the procedures that are in place for the care and education of the children who attend. Our policies are on Storypark and available at our office, and we strongly urge you to read these. The signing of this enrolment form indicates that you will abide by the policies of this service and understand that 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 the enrolment process, finding the right Educarer for you and your children, your responsibilities as a parent and ways in which we can help you and your child settle into the service.



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



Child's strengths, interests and preferences: Please complete the "All about Me" form in your enrolment pack and return it to the Office. When we know your child's strengths and interests or areas of support needed it helps us settle your child into care.

WHERE DID YOU HEAR ABOUT US?

As you may or may not be aware, Bizzy Buddyz pursues a number of marketing avenues. In order to help us determine what is working for us and what isn't we'd like you to tell us where you found out about us (or where you heard about us) and also what made you actually call us (they may be the same thing).



Where did you find out about Bizzy Buddyz? (E.g. Through a friend, radio, social media, signs)



If someone told you about us, what is the name of the person who referred you? We would love to pass on a little thank you gift.



What radio station do you listen to? _____

I HAVE READ AND UNDERSTOOD THE FOLLOWING:

- Bizzy Buddyz Management reserves the right to seek professional guidelines in cases of suspected child abuse.
- The Ministry of Education regulations forbids the use of corporal punishment.
- I give permission for the Educarer to apply basic first aid and sunscreen products to my child, and to change his/her soiled clothing when necessary. This permission is also for bathing my child if he/she becomes dirty or soiled while in care.
- I will provide a copy of my child's birth certificate or passport and immunization record with the enrolment form.
- I give permission for my child to travel in the Educarers vehicle in an approved child restraint.
- I understand that I will be provided with Risk Assessments and Supervision Plans which I must sight, read and sign, for ALL excursions, prior to my Educarer leaving her home environment.
- I give my permission for my child to be taken to an alternative emergency location e.g. Civil Defence Centre in the event of an emergency.
- I will be provided with a choice of Educarers wherever possible
- I will give the Educarer all the necessary details to help in providing care and education of my child e.g., routines, any health problems etc.
- I will notify the Educarer immediately if I cannot pick up my child as arranged. Extra time will be charged for.
- I understand that if my child becomes ill, I will be notified and may be required to collect my child immediately. I will not take a sick child to the Educarer.
- I will be notified as soon as possible in case of accident or illness. I will also be responsible for any medical expenses in the case of urgent treatment for my child.
- I will be expected to spend time settling my child into care.
- I will be responsible for supplying all my child's, meals and drinks – enough for the day. I will, for babies, supply enough nappies, bottles and wipes.
- I will bring my child dressed appropriately for the weather.
- I will give written advice on who is permitted to pick my child up.
- I will notify changes of address immediately as they are important in emergencies.
- I will notify the Educarer immediately if my child will be absent.
- I will be courteous to the Educarer by notifying any changes to arranged hours or circumstances.
- I will ask Bizzy Buddyz for alternative or emergency care when their usual Educarer is unavailable.
- I will be welcome to attend training, playgroups or other meetings arranged by Bizzy Buddyz.
- I will be welcome to discuss my child's progress and any concerns with the Educarer, Visiting Teacher or Bizzy Buddyz management.
- I will be welcome to discuss with Bizzy Buddyz management any conflicts or concerns about the child/ren or care situation I may have.
- I will give two weeks' notice of care finishing in writing to both the Educarer and Bizzy Buddyz.
- I understand it is my responsibility to complete and sign my child's weekly attendance sheet.
- I agree to pay the enrolled / booked hours or the actual, whichever is the greater.
- I agree to pay for absences where I have not given five working days' notice.
- I will pay for time, to be negotiated with my Educarer, if my Educarer has to pick up or drop off my child.
- I consent to Bizzy Buddyz collecting, retaining and using any of my information for the purposes of credit checking, credit monitoring and if necessary, registering a payment default on a credit reporting register and that this information will be used under the provisions of the Privacy Act 2020.
- I have not enrolled my child at any other Service (e.g. day care, kindergarten) for the same hours of attendance.
- I agree that if a debt remains after two reminder notices have been sent, the debt will be sent to a Debt Collection Agency for recovery, and I will be liable for collection and legal costs as well as the original amount. Care will be discontinued with one weeks' notice if this event arises.

PARENT, GUARDIAN / WHĀNAU DECLARATION:

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

Parents/Whānau Name: _____ Signature: _____ Date: _____

Parents/Whānau Name: _____ Signature: _____ Date: _____

SERVICE DECLARATION:

On behalf of Bizzy Buddyz, I declare that this form has been checked and all relevant sections have been completed.

Care Arranger: Maree Hunt _____

Educarer: _____ Address: _____

Educarer contact number: _____

Emergency Educarer: _____ Address: _____

Emergency Educarer contact number: _____