

Enrolment form for Stepping Stones @Braebrook



Stepping Stones @Braebrook has three spacious rooms and we offer care for babies and children Under 2 and also for children 2-5 years old. Please see our website www.steppingstones.net.nz for more information about our classrooms and ratios, our policies and fees. You can also keep updated via Facebook www.facebook.com/steppingstonesbraebrook. Stepping Stones is open from 7:30am until 6pm Monday – Friday.

◆ 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:

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: / /

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

◆ Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child. Your information will be kept strictly confidential.

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 need to 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

* Information about acceptable identity verification documents is available online at

www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

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

Parents / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	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:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	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:

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 (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Parent contributions:	
I understand if my child is in nappies I am to provide a packet of wipes for them. I also understand I am required to replace any Centre nappies used if my child runs out of nappies.	Signed:
We offer fruit break and crackers to the children at Morning and Afternoon Tea as part of our shared mealtimes/kai. We ask parents to provide a piece of fruit every few days to be shared and also a packet of crackers. Please sign to acknowledge you are aware we are providing your child with fruit and crackers as part of shared morning and afternoon tea breaks. Signing also acknowledges you are aware that you are to provide a piece of fruit for sharing when you can (not every session) and you are happy to donate a packet of Crackers or have \$4 added to your invoice each term. A list of approved cracker brands can be given to you by Management/Admin.	Signed:

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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: We would appreciate a photo of anyone not allowed to collect your child to keep within our confidential records. This helps staff to be prepared and recognise those who do not have permission.

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 (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Child's doctor:

Name:	Phone:
Name of medical centre:	

Health

Illness/allergies:

Is your child up-to-date with immunisations? (Please provide verification of all immunisations)	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For staff: Immunisation records sighted and details recorded:	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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Medicine	
Category (i) Medicines	
A category (i) medicine is a non-prescription preparation. The creams we will use are (arnica, Paw Paw, Savlon, Bepanthen) 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?	<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, provided by service :	
▪	▪
▪	▪
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.	
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:	<i>Tick One:</i> 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: ____/____/____

◆ 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 Stepping Stones @Braebrook.	
Parent/Guardian Signature: _____	Date: ____/____/____

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◆ 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	
Times Enrolled:						Total hours:
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:
Please note we require a minimum of 4 hours for a morning or afternoon or 6 hours over the middle of the day.						
				Date: ___/___/___		
We charge full fees for these public holidays – Waitangi Day, Easter Friday and Easter Monday, Anzac Day, Queens Birthday, Labour Day, and Canterbury Anniversary Day. We do not charge over the Christmas and New Year Period.						
Parent/Guardian Signature: _____						

◆ 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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
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: ___/___/___

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Other information (please sign below each statement, showing you agree and accept)

▪ **Changes of booked days or hours:** We require notice of booking changes before 8am on the day of absence. Absences may be emailed through to admin@steppingstones.net.nz or a message left on the answering machine at any time. All booking changes and fee charges are at the discretion of management and our required ratios. Discounted fees will be charged for pre-arranged absences. Please see our Fees Policy for more information.

▪ **Sign/Initial:**

▪ **Late pick up fee's:** A late fee of \$10 will be charged for all late pick ups that have not been pre-arranged. Any extra time your child spends in the Centre will be charged at the normal hourly rate. Please let us know by phone if you are running late so that we are aware. All children must legally be signed out and off the Premises by 6pm. Lateness after 6pm will be dealt with by Management.

Sign/Initial:

▪ **Website and Facebook Page:** We will use our Website and Facebook page to keep you and the community up to date with what we are doing. Occasionally we may use photographs including your child on Website or Facebook.

Sign/Initial: Facebook Permission Yes/No Website Permission Yes/No (e.g Yes = Yes/No)

▪ **Excursions:** Permission for the child to take part in excursions such as local outings/short walks with the adult to child ratio of 1:4 for children over 2years and 1:2 for children under 2 years old. Parents will **always** be notified and written permission will be sought for planned excursions. If excursion involves water a higher ratio will always be used.

Sign/Initial:

▪ **Photo/video:** Permission for the child to be photographed for the purposes of assessment, planning and evaluation.

Sign/Initial:

▪ **Policy Statement:** Stepping Stones@Braebrook 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 policies. These are available in the centre and at www.steppingstones.net.nz 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 into policy review. Updates and changes to these policies will be communicated with parents on a regular basis.

Sign/Initial:

▪ **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. This information is also available on our website www.steppingstones.net.nz

Sign/Initial:

◆ 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

I declare that this form has been checked and all relevant sections have been completed.

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

Changes to enrolled hours – Current Hours						
(name) _____ attendance at Stepping Stones will change from their currently booked hours:						
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						

New hours effective from: _____ (date) Approved by _____						
My child's attendance at Stepping Stones will now be:						
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						

Signed Parent/Guardian _____ Date _____ APT

New hours effective from: _____ (date) Approved by _____						
My child's attendance at Stepping Stones will now be:						
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						

Signed Parent/Guardian _____ Date _____ APT

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