



## Enrolment Agreement Form

### Child's details:

Child's **surname** or **family name**:

Child's **given name**:

**Name your child is known by / preferred 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:    dd / mm / yyyy

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

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

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

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

Child's primary residential address:

\_\_\_\_\_

Post Code:

### Parents / Guardians:

<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):
Email:	Email:
Relationship to child:	Relationship to child:

Secret Garden Early Learning Centre  
 428 Albany Highway, Albany, Auckland 0752  
[info@secretgarden4kids.co.nz](mailto:info@secretgarden4kids.co.nz), [www.secretgarden4kids.co.nz](http://www.secretgarden4kids.co.nz)  
 Phone: 09 415 0535

<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):
Email:	Email:
Relationship to child:	Relationship to child:

<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>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):

<b>Privacy Statement:</b>
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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.</p> <p>You can find more information about national student numbers at: <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a></p>

<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who <u>CANNOT</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

Enrolment Details:						
Date of Enrolment: ___ / ___ / ___		Date of Entry: ___ / ___ / ___		Date of Exit: ___ / ___ / ___		
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there must be no compulsory fees when a child is receiving 20 Hours ECE funding						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
Times Enrolled:						
<b>For 20 Hours ECE fill out boxes below with the hours attested eg. 6 hours</b>						
20 hours ECE at this service						
20 hours ECE at another service						
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?	<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"> <li>Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>Your 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.</li> <li>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.</li> </ul>	
Parent/Guardian Signature: _____	Date: ___ / ___ / ___

Dual Enrolment Declaration
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at Secret Garden ELC
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

## Optional Charges:

1. The optional charge is for: (give details of specific activities or items, and their costs)

- Over 80% qualified teachers
- 3 meals provided per day including a hot lunch
- Employing a centre cook
- A transition to school programme / ladybug club
- An extension program, to prepare your child and extend their knowledge in preparation for further formal education when they start primary school – Casey the Caterpillar and the Building Blocks Programme
- The costs of materials required for our theme day projects
- Access to EDUCA online portfolio
- Sunblock

2. I understand that if I agree to pay for the optional charge, Secret Garden ELC may enforce payment.

3. The agreement to pay the optional charge will last until the child leaves the centre

4. The rules about making changes to the agreement are: (you must give the parent reasonable opportunity in which to change their mind):

- Parents/ Guardians must give us two weeks notice to any changes to the agreement

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 / Term Breaks

Secret Garden Early Learning Centre is open all year and only closed for Statutory Holidays. Normal fees apply for statutory holidays

## 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 Secret Garden 4 Kids Limited I declare that this form has been checked and all relevant sections have been completed.

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical Declaration

### Health

Illness/allergies:

Special diet requirements:

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

(Please provide verification of all immunisations)

**For staff:** Immunisation records sighted and details recorded: *Tick One* Yes  No

### Child's doctor:

Name:

Phone:

Name of medical centre:

### Medicine

#### Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, 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.

Do you approve category (i) medicines to be used on your child? *Tick One* Yes  No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

- |                       |                                    |
|-----------------------|------------------------------------|
| ▪ Nappy Change Powder | ▪ Bonjela & Weleda Teething Powder |
| ▪ Arnica cream        | ▪ Antiseptic liquid                |
| ▪ Insect Bite Cream   | ▪                                  |

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

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

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

## Photography Permission

I give permission for Secret Garden Early Learning Centre to photograph my child for the following purposes

Type of Use	(Please tick one)	
	Grant Permission	Decline Permission
Published on EDUCA		
Displayed in the daily diary		
Displayed on wall displays		
Published in planning and evaluation documentation		
Uploaded to centres web site		
Posted on centres facebook and Wechat pages		
Published on centres marketing material		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorise one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrolment.

Signed: \_\_\_\_\_

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

# Excursion Policy

Through outings children get to know the wider community beyond the centre, their experiences are broadened and their sense of belonging is enhanced. At Secret Garden Early Learning Centre we will ensure that when children are taken outside the centre for planned trips or activities a safe ratio of adults to children will be enforced and maintained. These ratios may fluctuate due to various ages of the children, their ability, behaviour, the route taken, destination and the experience of helpers. This ratio is set at Secret Garden Early Learning Centre's discretion (but will always be maintained at or above minimum regulated ratios for the service). The degree of risk will determine the ratio which is between 1:1 and scheduled ratios. If there are insufficient adults to meet adequate ratios the excursion will be cancelled.

The parent/guardian of each child will give written approval for their child/children to go for walks within our local area at the bottom of this policy, which is included with their enrolment information.

If the trip involves transport separate written approval is sought from the parent/guardian.

The adult/child requirement for children remaining at the centre is maintained. When a child is taken in a vehicle each child is restrained as required by law. When there are more than 3 children to a vehicle two adults must be present. Specific separate permission is sought for outings involving transportation.

The person in charge and group leaders will have a register of all the children who are on the excursion and the register will be checked regularly during the outing. Children will have name tags that include the centre's name and telephone number.

Depending on the nature of the excursion, drinking water, snacks, sunhats etc., will be taken. First aid kits will be taken on all excursions.

No child will leave the centre on an excursion without written consent from parents/caregivers. Parents provide permission for short local outings which involve the children walking, by signing this policy.

A risk assessment of each outing is undertaken before it commences. A separate form is used to record children that have taken part.

I **do/do not** give permission for \_\_\_\_\_ (child's name) to take part in excursions into the local community which involve walking, such as the local park.

Signed \_\_\_\_\_ Name: \_\_\_\_\_

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

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**Reference:** HS17

**Approved Date:** January 2013

**Reviewed Date:** December 2015

**Reviewed by:** All staff

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**Next Review Date:** December 2016

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## *Sleeping Children Policy*

Secret Garden Early Learning Centre provide bedding in the form of a bassinet, cots, or stretchers and linen for all the children who sleep at the centre. Each stretcher and cot is labelled with the children's name. All bedding is arranged to enable adequate access and are spaced for hygiene and safety purposes.

Sleeping children are monitored according to the following criteria:

- A staff member is present in the room until all the children are asleep, and the sleep chart is to be completed. If a child is not asleep in the over two sleep room they will be got up.
- A staff member will then check the children every ten minutes for warmth and breathing, which is recorded on the sleep chart. If the child is under 6 months old this will be every five minutes.
- Upon waking, the awake time is recorded on the sleep chart and each child is taken for a nappy change.

A sleep monitor is used in the babies sleep room for additional support only. All sleep times are recorded daily on the babies and preschool sleep charts. Exceptions to the sleeping policy will be based on the child's individual needs.

Bedding is washed weekly and recorded. Cots are wiped down with bleach solution weekly. Stretchers are wiped down weekly with a spray and wipe solution. If soiled these are sprayed with bleach solution, scrubbed and hosed.

At no time at Secret Garden ELC will children be put to bed with food. On rare occasions older children will drink from a bottle while sitting up in bed and supervised closely.

2-5 year old children are not required to sleep unless parent/guardians/caregivers have advised the centre they wish their child to sleep. If a child who it meant to be sleeping does not, he or she will be encouraged to rest. Children are put to bed in a specified sleep room after their lunch time meal (approx 12 noon).

Under two year old sleep times will depend on their own individual routine. Parents will be asked to provide a daily routine for their child for us to follow, so we don't upset routines. If a baby is in need of a sleep, these needs will be met appropriately. Children sleep in a specified sleep room, although for some very young babies they may sleep in the main room in a bassinet if appropriate.

Children are checked before sleep time to ensure they are dry and dressed in safe and appropriate clothing. Bedding is washed immediately if soiled.

Some children wear greenstone or amber beads and parents would prefer their child does not take this off to sleep. Parents/Caregivers/Whanau are encouraged to sign

the below section of the sleep policy to acknowledge that they understand the risk of children wearing neckwear to bed.

**Licensing Criteria:** HS9, HS10, PF29-33

**Review Date:** September 2015

**Reviewed by:** all staff

**Next Review:** September 2016

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I have read and understood the above sleeping policy

Child's Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ being the parent / guardian of \_\_\_\_\_ acknowledge that my child wears a greenstone or amber beads around their neck and would like them to keep it on for their sleep. I understand the risks of wearing neckwear to bed.

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_