

### Credit Agreement

- I agree to pay Bright Futures on receipt of invoice and understand that care at Bright Futures will cease if not paid.
  - I accept that outstanding debts may incur extra costs such as penalty interest, collection costs / fees and may be sent to Collections or Court for recovery and that contact details from this application may be furnished.
  - I am willing for information to be provided for a credit reference.
  - I agree to talk to Bright Futures staff and arrange a clear payment plan if I am unable to pay.
- My preferred form of payment will be: (please circle)

A/P Eftpos (Available only at Napier Family Centre) Cheque Cash Direct Debit Internet Banking

I would like my fortnightly invoice sent to me by: (Tick box) post:  e-mail

I would like to receive Bright Futures or Napier Family Centre news by e-mail. YES  NO

Parent/Whānau Signature		Date	
			____/____/____

### Custodial Statement

Are there any custodial arrangements concerning your child? YES  NO

If YES, please give details of any custodial arrangements or court orders (a copy of any court order is required) \_\_\_\_\_

<b>Person/s who CANNOT pick up your child:</b>			
Full Name:		Full Name:	
Full Name:		Full Name:	
<b>Additional Person/s who CAN pick up your child: (Including in an emergency)</b>			
Full Name:		Full Name:	
Address:		Address:	
Post Code:		Post Code:	
Phone (Cell):		Phone (Cell):	
Phone (Home):	(Work)	Phone (Home):	(Work):

**Policy Statement:** Bright Futures 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 the enrolment form indicates that you abide by the policies of this service and understand how you can have input into policy review.

**Parent Information:** Please ensure that you read the information in the parent information guide 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.

**Privacy Statement:** All personal information will be kept securely and remain confidential.

**Child's strengths, interests:** Please complete an "About My Child" form to tell us about you child's interests and preferences.

### Parent Declaration

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

Parent/Whānau Signature		Date	
			____/____/____

### Service Declaration

On behalf of Bright Futures, I declare that this form has been checked and all relevant sections have been completed

Service Provider Signature		Date	
			____/____/____

### Child Enrolment Form Napier 2

112 Morris Spence Ave, Onekawa, Napier



Office Use: Educarer Name		NSN	
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### 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: 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: \_\_\_\_\_

### 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](http://www.minedu.govt.nz/parents)

\*Information about acceptable identity verification documents is available online at

[www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) an [www.minedu.govt.nz/parents](http://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 service.**

### Parent/Whānau Details

(1) Parent/Guardian/Caregiver

(1) Parent/Guardian/Caregiver

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Ph. No. Hm \_\_\_\_\_ Wk \_\_\_\_\_

Ph. No. Hm \_\_\_\_\_ Wk \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Doctor's Details

Name \_\_\_\_\_ Ph. No. \_\_\_\_\_

Address \_\_\_\_\_

## Health/Medicine

Is your child up to date with immunisations? YES  NO

Does your child have special needs e.g. hearing, vision, physical impairments? YES  NO

If Yes Please provide details \_\_\_\_\_

Does your child suffer from any illnesses/allergies? YES  NO

If Yes Please provide details of treatment or medication \_\_\_\_\_

**Category (ii) Medicines** (For example; prescription such as antibiotics, eye/ear drops etc or non-prescription such as paracetamol liquid cough syrup etc)

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 .

X **Parent/Whānau 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.

Individual health plan completed and signed: *Tick One* YES  NO

Name of medicine: \_\_\_\_\_

Method and dose of medicine: \_\_\_\_\_

X **Parent/Whānau Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Agreement to terms

### I understand:

- I understand that the Ministry of Education requires that all food not supplied by the parent be recorded. YES  NO
- Bright Futures staff reserve the right to seek professional guidance in cases of suspected child abuse. YES  NO
- I will be required to give written consent for planned excursions on which this child is required to travel by motor vehicle/bus/train etc. (refer to excursion policy) YES  NO

### I give permission:

- For this child to go on regular outings as stated in the excursion policy. e.g. neighbourhood walks YES  NO
- For this child to travel in the Educators/Bright Futures staff vehicle, in an approved child restraint. YES  NO
- For photos/video of my child to be used for assessment, planning and evaluation purposes YES  NO
- For photos/videos of my child to be used for publicity of Bright Futures and Napier Family Centre in print and online (website) YES  NO
- For this child to be taken to an alternate emergency location e.g. civil defence centre, in the event of an emergency. YES  NO
- For this child to receive basic first aid and sunscreen—sunscreen to be provided by Parent/Whānau YES  NO

Is the Educarer, who will be providing education and care for this child, a member of this child's family? YES  NO

X **Parent/Whānau 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 hours
Times Enrolled:						

**For '20 Hours ECE' fill out boxes below with the hours attested e.g. 6 hours**

'20 Hours ECE' at this service (Bright Futures)						
'20 Hours ECE' at another service						

X **Parent/Whānau Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 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

Please confirm that:

- Your child does not receive more than 20 hours of '**20 Hours ECE**' per week across all services. YES  NO
- 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**'. YES  NO
- 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. YES  NO

X **Parent/Whānau Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## WINZ Subsidy

Are you applying for a WINZ Childcare Subsidy? **Please Tick** YES  NO  How many hours?

## Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks.

Bright Futures is closed on Statutory holidays.

## Dual Enrolment Declaration

I hereby declare that my child **is / is not (please circle)** enrolled at another early childhood institution at the same times that he/she is enrolled at Bright Futures.

X **Parent/Whānau Signature** \_\_\_\_\_ **Date** \_\_\_\_\_