

MRECC After School Centre Enrolment Agreement Form

Child:

Child's first names:	Surname:
Name your child is known by:	
Child's date of birth:	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):
Email:	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:

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:
Person/s who can pick up your child (other than emergency contacts):	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Immunisations record sighted and details recorded: (Please provide verifications of all immunisations)	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
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.	
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 :	
▪ Arnica Cream, Calendula Cream	▪ Stingose (for insect bites)
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	
Individual health plan completed and signed (please provide):	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: ____/____/____

Terms and Conditions	
<ul style="list-style-type: none"> ▪ Policy Statement: MRECC After School 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. I understand that the terms and conditions in this form are not exhaustive and that others are contained in published centre policy documents, rules, notices, parent handbooks etc. I accept that the centre reserves the right to add, amend, clarify or delete terms, conditions or policies by issuing newsletters, notices or posting notification on one of the centre notice boards. 	
<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. The information requested in the Enrolment Application Form is needed by the centre to comply with statutory requirements or to enable centre staff to contact you or to ensure the appropriate care and education of your child. We are obliged by regulations to keep these records for at least seven years. 	
<ul style="list-style-type: none"> ▪ Excursions: In signing this enrolment form I authorise the centre staff to take my child in small groups (adult/child ratio of 1:4). I authorise the taking of my child on outside visits (where I am not attending or assisting) that have been advertised or notified by the centre, and will pay such additional charges as required to cover costs. I authorise centre staff to take my child on short trips in the preschool van. I understand that there are car seats in the van and that my child will be appropriately restrained. I understand the ratio on van trips is 1:8 and 1:5 (swimming) 	
<ul style="list-style-type: none"> ▪ Photo documentation: I give permission for my child to be photographed for the purpose of displays within the centre. 	
<ul style="list-style-type: none"> ▪ Fees: In signing this enrolment form I agree to pay the fees on the basis of the fee schedule that is current at the time and I will pay in accordance with the Fee Policy of the centre. I acknowledge paying the appropriate fee for an enrolled day even if unable to attend. I understand the fee policy is subject to change. ▪ I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published policies and fee rates. I understand and accept that these fees are to be paid in full. I understand and accept that irrespective of any arrangement with any third party (e.g. other adult, income support services, accident insurance, trusts or budget services, etc.) to pay the fees. The full responsibility to pay remains with me. I understand and accept that if any fee or charge remains unpaid beyond the time specified in the Fee Policy, my child's enrolment may be forfeited, the debt passed to a collection agency, and that I will be responsible for any costs incurred in the process. Fees need to be kept up to date. ▪ A \$25 enrolment fee will be applied upon enrolment. 	
<ul style="list-style-type: none"> ▪ Holidays: I understand that if my child is absent from the centre on a booked day, full fees will be payable. The centre will be closed on public holidays and full fees are payable on these days. 	
<ul style="list-style-type: none"> ▪ Health Checks: I give permission for staff to seek medical help for my child if necessary. 	
<ul style="list-style-type: none"> ▪ Notice: I will give two weeks' notice in writing; before my child leaves the centre otherwise I will pay two weeks fees in lieu of notice. 	
<ul style="list-style-type: none"> ▪ I agree that when dropping my child off at the centre I will park in the area designated as suitable by the centre management and escort my child into the centre building and advise a staff member of my arrival before leaving my child in the centre custody. I will advise a staff member before taking my child from the centre. I understand and accept that it is a condition of enrolment that children driven to and from the centre must travel in a child's car seat or restraint in accordance with traffic regulations. No persons under the age of 17 years are permitted to drop off or pick up a child. No unauthorised person is permitted to pick up a child unless full notification is received by the senior teacher from a parent or guardian prior to pick up 	

◆ 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 MRECC After School Centre, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	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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