



Happy Times Childcare and Preschool Enrolment Agreement and Attestation 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:
Occupation	Occupation
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
First Name	First Name
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Occupation	Occupation
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Doctor:	
Name:	Phone:
Address:	

◆ 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 Happy Times Childcare and Preschool.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

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:

Name:

Name:

Person/s who can pick up your child other than parent/guardian shown on page 1:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Health

Illness/allergies:

Is your child up-to-date with immunisations?

Tick One

Yes

No

(Please provide verifications of all immunisations)

Immunisations record sighted and details recorded: Tick One Yes No

Medicine	
Category (i) Medicines	
A category (i) medicine is a non prescription medicine 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) medicine Sudocreme to be used on your child?	Tick One 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 :	
<ul style="list-style-type: none"> ▪ 	
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:	Tick One 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: ____ / ____ / ____

Required Information for Licensing Purposes	
<ul style="list-style-type: none"> ▪ Excursions: I agree for my child to be taken out on local walks in the vicinity of the Centre. The ratios will be at least those set down in the licence, but usually more generous. Yes/No <i>(delete as applicable)</i>. ▪ Photo/video: I give permission for my child to be photographed for the purposes of assessment, planning and evaluation, these will only be used on the premises in wall displays and in your child's profile book. Yes/No <i>(delete as applicable)</i>. 	

Other information:	
<ul style="list-style-type: none"> ▪ Policy Statement: Happy Times 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, and understand how you can have input to policy review. You will be informed by newsletter when a policy is being reviewed. There will be copies of the Policy and Procedure in the Newsletter. ▪ Parent Information Book (Prospectus): Please ensure you have read the information in the parent handbook as it covers such things as fee details and the requirement to set up an Automatic Payment before enrolment can be processed, 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 on your child will be kept securely and remain confidential.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences
- **Fees:** I agree to pay fees in advance. I agree that two week's notice is required prior to any known absence. Any costs incurred by for the recovery of any outstanding/overdue account will be passed on to our customers. Fees are payable for absence, 'wet days' if applicable and statutory holidays.
- In the event that this account is not met within our Trading Terms we reserve the right to add all costs of collection to this account pursuant to the Fair Trading Act 1986.
- **Absence:** I will notify the Centre if my child is to be absent.
- **Collection:** If anyone other than a person listed on this enrolment form, is to collect my child I will notify the centre in writing or by telephone.
- **Emergency:** In the event of an accident or emergency, I authorise the centre to seek such advice or treatment as it deems necessary in the best interest of my child.
- **Civil Defence:** I give permission for my child to be taken to an alternative location e.g. civil defence centre at Te Puke Primary School in the event of an emergency situation.
- **Leaving:** I agree to give two week's notice if my child is to leave the Centre.
- **Enrolment:** Acceptance of enrolment of my child at this service is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. Management reserves the right to terminate enrolment or vary the conditions.
- **Sun Block:** I agree to pay \$2.00 dollars annually towards sun-block to be used on my child during the summer months. I will sun block my child before arriving, and staff will 'top-up' during the day.
- On enrolment
- On enrolment I agree to pay a one-off fee of \$20.00 to help towards cost of stationary, profile books, and administration costs.

◆ Parent Declaration

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

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Service Declaration

On behalf of Happy Times Childcare and Preschool, I declare that this form has been checked and all relevant sections have been completed.

Manager's Signature Date/...../.....

On behalf of Happy Times Childcare and Preschool, I declare that this form has been checked and all relevant sections have been completed. Tick when on First Base

Service Provider Signature Date/...../.....

Any alterations to this form must be signed and dated by the parent.

Where did you hear about our service?
 Yellow Pages Word of mouth Newspaper Advertisement
 Website Other(Please specify)

In order for us to provide your child/children with the best possible care and education please could you make a note in the next page of the expectations you have for your child during their time spent at Happy Times.

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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						
10 Hours complimentary from Happy Times.						
<div style="display: flex; justify-content: space-between;"> Parent/Guardian Signature: _____ Date: ___ / ___ / ___ </div>						

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Effective Date of Change: ___ / ___ / ___						
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Times Enrolled:						Total
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