



# Learning Tree Childcare Centre - Albany

Fee Schedule Effective 16<sup>th</sup> May 2016

Hours: Monday to Friday 7:30am to 6:00pm. Closed Public  
Holidays

| Fees:  | Under 3's | Over 3's  |
|--|-----------|---|
| Morning Session up until 8:00-12.00 noon<br>Afternoon Session from 1pm-5pm<br>Only available to children attesting to full 20 hours ECE. |           | i.e. free for up to 20<br>hours if booked hours<br>fully attested |
| Short Day (8:30-3:30)  | \$45.00   | \$30.00   |
| Full Day   | \$65.00   | \$40.00   |
| Full Week (5 Days)   | \$270.00  | \$170.00  |

## Our Bank Account Details:

12 3107 0071371 00

Please use your child's name as a reference (John Smith)

Please read these terms carefully and discuss anything that is not clear to you.

## Fees and Payment of Fees

An enrolment fee of \$30.00 is payable at the time of enrolment. This is a one off fee and is non refundable.

Fees are to be paid week in advance by direct debit, credit card, cash, cheque or Eftpos. Fees must be paid for every day that your child is enrolled, including any day your child is absent.

## Late payment of fees

This may incur a 10% penalty on your account and failure to pay fees may result in a cancellation of your enrolment. If account balances remain unpaid, then all costs of debt collection will be payable by you.

## 20 Hours ECE

The centre is a provider of 20 hours ECE for 3-5 year old children. A child is eligible for this on their third birthday. 20 hours and is available for up to six hours per day. As Learning Tree is open for 10.5 hours per day fees will be charged for the hours not covered by the provision of 20 hour ECE.

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

### **Work and Income**

If you have a WINZ subsidy you are still responsible to ensure that your account is paid in advance at all times and any part which is not covered by the subsidy. It is your responsibility to let Work and Income know of any changes to circumstances or your child's attendance. It is your responsibility to inform Work and Income of any benefits you have through the 20 hours ECE scheme.

### **Collection of Children**

The centre is licensed by The Ministry of Education from 7:30am-6:00pm, Monday to Friday and must close strictly at this time. Please contact the centre if unforeseen circumstances make it impossible for you to pick up your child on time.

Please note children may only leave the centre with adults listed on the enrolment form. A late pick up fee may be charged of \$25.00 per 15 minutes late after the 6:00pm closing time.

### **Holidays and Absences**

Statutory holidays and absences are charged in full if they fall on a day when your child is booked to attend. After attending the centre for 3 months your child will be entitled to 15 days per year at 50% fees, this will be pro rata if you child does not attend fulltime. This must be applied for in writing 2 weeks before the first day of the holiday. You need to discuss any extended absences with the centre manager.

### **Changes and Notice Periods**

We require two weeks notice in writing if you wish to terminate or change a permanent booking. Change of timetable forms are available in reception. Please inform Work and Income of any changes made.

### **Centre rules and Policies**

The terms and conditions are not exhaustive. Detailed terms and conditions are contained in centre policy documents, rules, procedure, notices and charter

### **Parent/Guardian/Caregiver**

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

### **Supervisor/Centre**

**Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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



# Learning Tree Childcare Centre

## Enrolment Form Albany

Hours: Monday to Friday 7:30am to 6:00pm. Closed Public Holidays

Telephone: 09-444 1979

|   |  |                                 |
|---|--|---------------------------------|
| <b>◆ Child's details:</b>   |  |                                 |
| Child's <b>official surname</b> or family name:   |  |                                 |
| Child's <b>official given name</b> :  |  |                                 |
| Child's <b>official other names / middle names</b> :<br>(please separate names with a comma):   |  |                                 |
| <b>Name your child is known by / preferred name:</b>  |  |                                 |
| Surname / family name:  | Given  |                                 |
| name:   |  |                                 |
| Copy of official identity verification document* collected by staff:  |  |                                 |
| <input type="checkbox"/> New Zealand birth certificate  | <input type="checkbox"/> Foreign birth certificate |                                 |
| <input type="checkbox"/> New Zealand passport   | <input type="checkbox"/> Foreign passport          |                                 |
| <input type="checkbox"/> Other  | <b>Staff initials:</b> _____                       |                                 |
| _____   |  |                                 |
| Child's date of birth:    dd / mm / yyyy  | Male <input type="checkbox"/>                      | Female <input type="checkbox"/> |
| Child's ethnic origin/s:  | Iwi your child belongs to:                         | Language/s spoken at home:      |
| _____   | _____  | _____                           |
| _____   | _____  | _____                           |
| _____   | _____  | _____                           |
| Child's primary residential address:  |  |                                 |
| _____   |  |                                 |
| _____   |  |                                 |
| Post Code:  |  |                                 |
| _____   |  |                                 |
| <b>◆ Privacy Statement:</b>   |  |                                 |
| 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: <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a>   |  |                                 |

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

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

[www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [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.**

**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:                        |
| Occupation:                   | Occupation:                   |
| Relationship to child:        | Relationship to child:        |
| <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):                 |
| Relationship to child:                                 | Relationship to child:        |

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

| <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:                         |
| <b>Additional Emergency Contacts (also able to pick up child):</b>  |                               |
| <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:                    |
| Relationship to child:  | Relationship to child:        |
| Phone (Home):   | Phone (Home):                 |
| Phone (Work):   | Phone (Work):                 |
| Phone (Mobile):   | Phone (Mobile):               |
| Email:  | Email:                        |
| <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:                    |
| Relationship to child:  | Relationship to child:        |
| Phone (Home):   | Phone (Home):                 |
| Phone (Work):   | Phone (Work):                 |
| Phone (Mobile):   | Phone (Mobile):               |
| Email:  | Email:                        |
| <b>Child's doctor:</b>  |                               |
| Name:   | Phone:                        |
| Name of medical centre:   |                               |

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

| <b>Health</b>   |   |
|---|---|
| Illness/allergies:  |   |
| Is your child up-to-date with immunisations?  | <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| (Please provide verification of all immunisations)  |   |
| <b>For staff:</b> Immunisation records sighted and details recorded:  | <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| <b>Medicine</b>   |   |
| <b>Category (i) Medicines</b>   |   |
| 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, <b>provided by service:</b>   |   |
| ▪ Arnica Cream  | ▪   |
| ▪   | ▪   |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____   |   |
| <b>Category (ii) Medicines</b>  |   |
| 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: ____ / ____ / ____   |   |
| <b>Category (iii) Medicines</b>   |   |
| 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.   |   |
| <b>For staff:</b> 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: ____ / ____ / ____   |   |

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| ◆ 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 <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding. |        |         |           |          |        |              |
| Days Enrolled:  | Monday | Tuesday | Wednesday | Thursday | Friday |              |
| Times Enrolled:   |        |         |           |          |        | Total hours: |
| <b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>   |        |         |           |          |        |              |
| 20 Hours ECE at this service  |        |         |           |          |        | Total hours: |
| 20 Hours ECE at another service   |        |         |           |          |        | Total hours: |
| 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?   | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Is your child receiving 20 Hours ECE at any other services?  | Tick One 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>▪ 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.</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 Learning Tree Early Childcare Centre |  |
| Parent/Guardian Signature: _____ Date: ___/___/___  |  |

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### Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)

### Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Learning Tree Early Childcare 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, and understand how you can have input to policy review.
- **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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.
- **Transitional School Visits:** Information on transition arrangements.
- **Correspondence School Enrolment:** Details of enrolment agreement.

### ◆ 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 Learning Tree Early Childcare Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

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

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



| <b>Change of Days/Times of Enrolment:</b>                 |        |         |           |          |        |       |
|---|--------|---------|-----------|----------|--------|-------|
| <b>Effective Date of Change:</b> ____ / ____ / ____       |        |         |           |          |        |       |
| Days Enrolled:  | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:   |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>              |        |         |           |          |        |       |
| 20 Hours ECE at this service                              |        |         |           |          |        |       |
| 20 Hours ECE at another service                           |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____ |        |         |           |          |        |       |

| <b>Change of Days/Times of Enrolment:</b>                 |        |         |           |          |        |       |
|---|--------|---------|-----------|----------|--------|-------|
| <b>Effective Date of Change:</b> ____ / ____ / ____       |        |         |           |          |        |       |
| Days Enrolled:  | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:   |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>              |        |         |           |          |        |       |
| 20 Hours ECE at this service                              |        |         |           |          |        |       |
| 20 Hours ECE at another service                           |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____ |        |         |           |          |        |       |

| <b>Change of Days/Times of Enrolment:</b>                 |        |         |           |          |        |       |
|---|--------|---------|-----------|----------|--------|-------|
| <b>Effective Date of Change:</b> ____ / ____ / ____       |        |         |           |          |        |       |
| Days Enrolled:  | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:   |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>              |        |         |           |          |        |       |
| 20 Hours ECE at this service                              |        |         |           |          |        |       |
| 20 Hours ECE at another service                           |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____ |        |         |           |          |        |       |

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