V1/9

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| ***JeMMa’s Homebased Education and Childcare Service***Independent Contractor Enrolment Agreement Form |
| Kiwi Girl SmallAsian Boy SmallMaori Boy Small |
| **⧫ Child’s details:** |
| Child’s **official** **given name**: |
| Child’s **official other names** / **middle names:** (please separate names with a comma):  |  |
| Child’s **official surname** or **family name** |  |
| **Name your child is known by / preferred name:**Surname / family name: Given name:Name of other family children in JeMMa’s care:Has this child or any other children in the family been previously enrolled with JeMMa’s:  |  |
| Copy of official identity verification document\* collected by staff: |
| ❑ New Zealand birth certificate ❑ New Zealand passport❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Foreign birth certificate❑ Foreign passport**Staff initials**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Child’s date of birth: d d / m m / y y y y | 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) 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:** |
| **1. Given names:** | **2. Given names:** |
| **Surname / family name:** | **Surname / family name:** |
| 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: |
| **3. Given names:** | **4. Given names:** |
| **Surname / family name:** | **Surname / family name:** |
| 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: |

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| **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) |
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| **Person/s who cannot pick up your child**: |
| Name: | Name: |
| Name: | Name: |

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| **Child’s doctor:** |
| Name: | Phone: |
| Name of medical centre: |

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| **Health** |
| Please list any illness/allergies/special needs: |
| 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 |  |  |

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| **Medicine Refer JeMMa’s Policy 17** |
| **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?  | *Tick One* | Yes |  | No |  |  |
| Name/s of specific category (i) medicines that can be used on my child, **provided by service**: |
|  |  |
|  |  |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **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: \_\_\_\_/\_\_\_\_\_/\_\_\_\_ |

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| **⧫ 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 |  |
| Times Enrolled: |  |  |  |  |  | Total hours: |
| Total: |  |  |  |  |  |  |
| **For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours (Over 3 years)** |
| 20 Hours ECE at this service |  |  |  |  |  | Total hours: |
| 20 Hours ECE at another service |  |  |  |  |  | Total hours: |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ 20 Hours ECE Attestation: (Over 3 years)** |
| 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 |  | No |  |  |
|  |
| 1. Is your child receiving 20 Hours ECE at any other services? *Tick One*
 | Yes |  | No |  |  |
| If yes to either or both of the above, please sign to confirm that: |
| * Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
 |
| * 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*.*
 |
| * 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.
 |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Dual Enrolment Declaration**  |
| I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at JeMMa’s. |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |
| **⧫ Optional Charges: For ECE Attestation hours (Over 3 years) Refer JeMMa’s Policy 39**  |
| *Independent Contractor Optional Charges* |
| *For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.* *www.lead.ece.govt.nz/ManagementInformation/Funding/FundingHandbook.aspx* |
| 1. The optional charge of $**1.50** per booked hour is directly paid to your Educarer :- (refer Policy 39)
 |
| * + Extra exchanges of educational toys and equipment library, home book library, and play groups
 |
| * + Excursion costs
 |
| 1. I understand that if I agree to pay for the optional charge, my Educarer may enforce payment.
 |
| 1. The agreement to pay the optional charge will last until written changes have been made.
 |
| 1. The rules about making changes to the agreement are:
 |
| * + Changes can be made to this agreement by submitting them in writing to JeMMa’s
 |
|  PO Box 15-489 Tauranga 3144 or accounts@jemmas.co.nz |
| 1. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
 |
| 1. 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Statutory Holidays / Term Breaks** |
| This enrolment agreement is **inclusive**of school term breaks. |
| If your service is open on Statutory Holidays, parents need to confirm enrolment for each individual statutory holiday. |
| JeMMa’s is open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:  |
| New Year’s Day  |  | Easter Monday |  | Christmas Day |  |  |
| Day after New Year’s Day  |  | ANZAC Day |  | Boxing Day |  |  |
| Waitangi Day  |  | Queen's Birthday |  | Local Anniversary Day |  |  |
| Good Friday |  | Labour Day |  |  |  |  |
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| **⧫ Home-Based Education and Care Services Only** |
| **This section is a compulsory requirement for Enrolment Agreement Forms used by Home-Based Services** |
| Is the educator who will be providing education and care for your child a member of the child’s family? |
| *Tick One* | Yes |  | No |  |  |
| If yes, what is the relationship of the educators to your child?  |
| 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 25)
* **Do you give permission for your child’s Educarer to take your child on local outings/walks Yes/No**
* **Do you give permission for your child to travel in a car with your Educarer Yes/No**
 |
| * **Photo/video:** Permission for the child to be photographed for the purposes of assessment, planning and evaluation **Yes/No**
* **Do you give permission for your child to be photo/video for planning assessments Yes/No**

* **Do you give permission to use your child photo in any/all of the following places**

**General Marketing Material Yes/No Newsletter Yes/No Website Yes/No JeMMa’s Expo stands Yes/No Social Media Yes/No**  |

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| **Other information possible to include on this Enrolment Agreement Form** |
| * **Policy Statement:** JeMMa’s 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 JeMMa’s policies which are available to you and are held at your Educarer’s home. 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.
 |
| * **Payment Terms and Conditions**: Please ensure you have read the information in the Payment Terms and Condition as it covers such things as fee details, payment 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. (In JeMMa’s child’s portfolio)
 |
| * **Transitional School Visits:** Information on transition arrangements.
 |
| * **Correspondence School Enrolment:** Details of enrolment agreement.
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| **⧫ Parent Declaration** |
| I declare that all the above information is true and correct to the best of my knowledge. |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Service Declaration** |
| On behalf of JeMMa’s I declare that this form has been checked and all relevant sections have been completed. |
| Service Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

Your Co-ordinator will send you your Payments Terms and Conditions to confirm payments. Please sign and return as soon as possible.

This form must be returned before your child can start care.

|  |  |
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| Office Use Only | Date Entered |
| Project number |  |
| Name of Educarer |  |
| Entered into Dropbox |  |
| PTC done & sent to Educarer |  |
| Enrolment sent to Educarer |  |
| Educa |  |
| Mailchimp |  |
| Entered onto APT (when child starts) |  |
| MSN number issued |  |

*Parent and Guardian Consent Form*



Dear Parent/Guardian,

Portfolios are an invaluable tool to track the learning of your children. However, with your busy lives, you are often rushed to read and hear about your child’s day. Online E-Portfolios allow you to access your child’s portfolio from your home or work computer at any time. You are able to make comments, read learning stories and newsletters, and share this information with other family members you have given authorized access to.

Educa is a secure web-based portfolio system specifically designed for New Zealand Early Childhood Education teachers and parents. It significantly improves communication with parents and whānau. The idea behind Educa is to provide a secure and interactive environment where teachers and parents/whānau can share learning stories, photos and videos, and collaborate on children’s learning. Educa has also released apps for both the iPhone and the Android, which are available for parents to follow children’s learning on the go.

To begin using Educa we’d like to have your permission for uploading photos, videos, learning stories and artwork of your child to Educa. Please also provide your email address so we can send you an invitation to join Educa. If you require access for other family members, please provide their full name, relationship to the child and email address in the *Other family Member Information* section.

**Name of childcare centre: JeMMa’s Homebase Childcare and Education Service**

**Name of child:**

As the parent, guardian or responsible adult for the above child, I consent to the above Childcare collection, use and display of my child’s information on the Educa Application in accordance with the Privacy Policy set out on the Educa website: <http://www.educa.co.nz/privacy-policy>.

**Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature

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

Other Family Member Information:

*Note: For further information about Educa, visit* [*www.educa.co.nz*](http://www.educa.co.nz)*. For technical inquiries, you can contact Educa support team at* [*support@educa.co.nz*](file:///C%3A%5CUsers%5COEM%5CDropbox%20%28Jemmas%29%5CDownloads%5Csupport%40educa.co.nz)