

**Independent Contractor Enrolment Agreement Form**

|  |
| --- |
| ⧫ Child’s details: |
| **Child’s official given name:** | Click here to enter text. |
| **Child’s official other /middle name:** | Click here to enter text. |
| **Child’s official surname or family name:** | Click here to enter text. |
| **Name your child is known by/preferred name:** | Click here to enter text. |
| **Name of other family children in JeMMa’s care:** | Click here to enter text. |
| Has this child or any other children in the family been previously enrolled with JeMMa’s [ ] Yes [ ] No |
| **Please attach a Copy of official identity verification document:** |
| New Zealand birth Certificate | [ ] Yes [ ] No | Foreign birth certificate | [ ] Yes [ ] No |
| New Zealand passport | [ ] Yes [ ] No | Foreign passport | [ ] Yes [ ] No |
| Other | [ ] Yes [ ] No |  |  |
| **Child’s date of birth:** | Click here to enter text. |  Male [ ]  |  Female [ ]  |

|  |  |  |
| --- | --- | --- |
| **Child’s ethnic origin/s**  | **Iwi your child belongs to:** | **Language/s spoken at home:** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Child’s primary residential address:** | Click here to enter text. |

|  |
| --- |
| **⧫ 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 2020. 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: [eli.education.govt.nz](http://www.eli.education.govt.nz) |
| **\*** Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://www.eli.education.govt.nz)**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:** |  | **⧫ Parents /Guardians:** |
| **1.Given names:**  | Click here to enter text. |  | **2.Given names:**  | Click here to enter text. |
| **Surname/family name** | Click here to enter text. |  | **Surname/family name** | Click here to enter text. |
| **Address**  | Click here to enter text.Post code |  | **Address**  | Click here to enter text.Post code |
|  |  |
| **Email** | Click here to enter text. |  | **Email** | Click here to enter text. |
| **Phone (Home)** | Click here to enter text. |  | **Phone (Home)** | Click here to enter text. |
| **Phone (Work):** |  |  | **Phone (Work):** |  |
| **Phone (Mobile):** | Click here to enter text. |  | **Phone (Mobile):** | Click here to enter text. |
| **Relationship to child:** | Click here to enter text. |  | **Relationship to child:** | Click here to enter text. |
|  |  |  |  |  |
|  |  |  |  |  |
| 3.**Emergency person allowed to collect:** |  Must have at least one emergency contact |  | **4.Emergency person allowed to collect:** |  |
| **Given Names:** |  |  | **Given Names:** |  |
| **Surname/family name** | Click here to enter text. |  | **Surname/family name** | Click here to enter text. |
| **Address**  | Click here to enter text. |  | **Address**  | Click here to enter text. |
|  |  Click here to enter text.  |  |  | Click here to enter text. |
|  | Click here to enter text.Post code |  |  | Click here to enter text.Post code |
| **Phone (Mobile):** | Click here to enter text. |  | **Phone (Mobile):** | Click here to enter text. |
| **Email:** | Click here to enter text. |  | **Email:** | Click here to enter text. |
| **Relationship to child:** | Click here to enter text. |  | **Relationship to child:** | Click here to enter text. |

|  |
| --- |
| **⧫** Custodial Statement |
| Are there any custodial arrangements concerning your child? Click here to enter text. |
| If **YES,** please give details of any custodial arrangements or court orders (a copy of any court order is required) |
| Click here to enter text. |
| Click here to enter text. |
| **Person/s who cannot pick up your child:** Click here to enter text. |
| Name: Click here to enter text. | Name: Click here to enter text. |
| Name: Click here to enter text. | Name: Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Additional Emergency **Contacts allowed to collect:** |   |  | Additional Emergency **Contacts allowed to collect:** |  |
| **Given Names:** |  |  | **Given Names:** |  |
| **Surname/family name** | Click here to enter text. |  | **Surname/family name** | Click here to enter text. |
| **Address**  | Click here to enter text. |  | **Address**  | Click here to enter text. |
|  |  Click here to enter text.  |  |  | Click here to enter text. |
|  | Click here to enter text.Post code |  |  | Click here to enter text.Post code |
| **Phone (Mobile):** | Click here to enter text. |  | **Phone (Mobile):** | Click here to enter text. |
| **Email:** | Click here to enter text. |  | **Email:** | Click here to enter text. |
| **Relationship to child:** | Click here to enter text. |  | **Relationship to child:** | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Additional Emergency **Contacts allowed to collect:** |   |  | Additional Emergency **Contacts allowed to collect:** |  |
| **Given Names:** |  |  | **Given Names:** |  |
| **Surname/family name** | Click here to enter text. |  | **Surname/family name** | Click here to enter text. |
| **Address**  | Click here to enter text. |  | **Address**  | Click here to enter text. |
|  |  Click here to enter text.  |  |  | Click here to enter text. |
|  | Click here to enter text.Post code |  |  | Click here to enter text.Post code |
| **Phone (Mobile):** | Click here to enter text. |  | **Phone (Mobile):** | Click here to enter text. |
| **Email:** | Click here to enter text. |  | **Email:** | Click here to enter text. |
| **Relationship to child:** | Click here to enter text. |  | **Relationship to child:** | Click here to enter text. |

|  |
| --- |
| ⧫ Childs Doctor |
| Name: Click here to enter text. | Phone: Click here to enter text. |
| Name of medical centre: Click here to enter text. |
|  |
|  |

|  |
| --- |
| ⧫ Health |
| Please list any illness/allergies/special needs:Click here to enter text. |  |
| Is your child up-to-date with immunisations? Tick One [ ] Yes [ ] No  |  |
| (Please provide verification of all immunisations) Please attach a copy |  |
| **For staff:** Immunisation records sighted and details recorded: Tick One [ ] Yes [ ] No  |  |

|  |
| --- |
| **⧫ Medicine Refer JeMMa’s Policy HS 25 &26** |
| **Category (i) Medicines** |
| A category (i) medicine is a non-presciption 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 services 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 cateogory (i) medicines to be used on your child? Tick One [ ] Yes [ ] No  |
| Names of specific category (i) medicines that can be used on my child, **provided by your Educator: please name** |
| * Click here to enter text.
 | * Click here to enter text.
 |
| * Click here to enter text.
 | * Click here to enter text.
 |
| Parent/Guardian Signature: Click here to enter text. Date: Click here to enter text. |

|  |
| --- |
| **Category (ii) Medicines: Your Educator must complete a Administration of Medication form for every new prescription**  |
| 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 Mᾱori ( Mᾱori 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 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: Click here to enter text. |  Date: Click here to enter text. |

|  |
| --- |
| **Category (iii) Medicines: Your Educator must complete the Individual Health Plan prior to starting** |
| 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: Click here to enter text.  |  Date Click here to enter text. |

|  |  |
| --- | --- |
| **Educator Name:**  | **Hourly Rate:** |
|

|  |
| --- |
| **⧫ Enrolment Details:** |
| Date of Enrolment Click here to enter text. | Date of Entry Click here to enter text. | Date of Exit Click here to enter text. |
| **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 |  Saturday |  Sunday |  |
| 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: Click here to enter text. | Date: Click here to enter text. |

**⧫ 20 Hours ECE Attestation: (Over 3 years)** |
| 1. Is your child receiving any 20 ECE for up to six hours per day, 20 hours per week at this service? Tick One [ ] Yes [ ] No
 |
| 1. Is your child receiving any 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 service.
* 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.
* 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: Click here to enter text. |  Date: Click here to enter text. |

|  |
| --- |
| **⧫ 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: Click here to enter text.  | Date: Click here to enter text. |

|  |
| --- |
| **⧫ 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](http://www.lead.ece.govt.nz/ManagementInformation/Funding/FundingHandbook.aspx)1. The optional charge of $1.50 per booked hour is directly paid to your Educator – (refer Policy 39)
* Extra exchanges of educational toys and equipment library, home book library and play groups
* Excursions costs
1. I understand that if I agree to pay for the optional charge, my Educator may enforce the payment.
2. The agreement to pay the optional charge will last until written changes have been made.
3. The rules about making changes to the agreement are:
* Changes can be made to this agreement by submitting them in writing to JeMMa’s

P.O Box 15-489 Tauranga 3144 or accounts@jemmas.co.nz 5. I Understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty. 6. 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: Click here to enter text.  | Date: Click here to enter text. |

|  |
| --- |
| **⧫ 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 [ ]  Day after New Year’s Day [ ]  Waitangi Day [ ]  Good Friday [ ]   | Easter Monday [ ]  ANZAC Day [ ]  Queen’s Birthday [ ]  Labour Day [ ]   | Christmas Day [ ]  Boxing Day [ ]  Local Anniversary Day [ ]   |

|  |
| --- |
| **⧫ 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 educator to your child? |
| Parent/Guardian Signature**:** Click here to enter text. | Date**:** Click here to enter text. |

|  |
| --- |
| **⧫ Required Information for Licensing Purposes** |
| **Excursions:** Permission for the child to take part in regular and special excursions (under the conditions stated in the service’s excursions Health & Safety Policy 3)* **Do you give permission for your child’s Educator to take your child on local outings/walks** [ ] Yes [ ] No
* **Do you give permission for your child to travel in a car with your Educator** [ ] Yes [ ] No
* **Do you give permission to use your child photo in any/all of the following places** [ ] Yes [ ] No
* **Are there days your child will not celebrate due to religious or cultural beliefs?** [ ] Yes [ ] No

 **(Please list these days)**  |
| **General Marketing Material** [ ] Yes [ ] No **JeMMa’s Expo stands** [ ] Yes [ ] No  | **Newsletter** [ ] Yes [ ] No **Social Media** [ ] Yes [ ] No  | **Website** [ ] Yes [ ] No   |

|  |
| --- |
| **⧫ Other information 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 require you to read and sign these JeMMa’s policies which are held at your Educators 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.
* **Reducing food related choking for babies & young children at early learning services –** We require you to have received and read the brochure on reducing food related choking.
* **Payment Terms and Conditions:** Please ensure you have read the information in the Payment Terms and Conditions 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. (complete the attached all about me page)
* **Transitional School Visits:** Information on transition arrangements
* **Correspondence School Enrolment:** Details of enrolment agreement
 |

|  |
| --- |
| **⧫ Parent Declaration** |
| **I give permission for the child to be photographed for the purposes of assessment, planning and evaluation** |
| **I declare that all the above information is true and correct to the best of my knowledge.** |
| Parent/Guardian Signature**:** Click here to enter text. | Date**:** Click here to enter text. |

Note: By typing your name here you are deemed to have signed this form.

*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>.

|  |  |
| --- | --- |
| Parent/Guardian Signature**:** Click here to enter text. | Date**:** Click here to enter text. |
| Full Name: Click here to enter text. | Email: Click here to enter text. |
| Other Family Member Information: Click here to enter text. |

Note: By typing your name here you are deemed to have signed this form.

*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%5CDownloads%5Csupport%40educa.co.nz)

|  |
| --- |
| **⧫ 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**:** Click here to enter text. | Date**:** Click here to enter text. |

Your Co-ordinator/Office will send you your Payment Terms and Conditions to your Educator to confirm payments.

Please sign and return as soon as possible.

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

|  |  |
| --- | --- |
| **Office Use Only** | Date Entered |
| **Project number** |  |
| **Name of Educator** |  |
| **Educator hourly rate** |  |
| **Entered onto Dropbox** |  |
| **Folder added under Ed name**  |  |
| **PTC done & sent to Educator** |  |
| **Enrolment sent to Educator** |  |
| **Added to Educa** |  |
| **Added to Mailchimp** |  |
| **Entered onto APT (when child starts)** |  |
| **Created folder in ed dropbox for child** |  |
| **MSN number issued** |  |
| **Excursion form sent/returned** |  |