

**Administration Records**

**Enrolment Agreement Form**  
**Zig Zag Zoo Early Learning Centre**



**◆ Child's details:**

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:  
(please separate names with a comma):

**Name your child is known by / preferred name:**

Surname / family name:

Given name:

Copy of official identity verification document\* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

Child's date of birth:          /       /            

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. The information collected by Zig Zag Zoo Early Learning Centre (a trading name of ACG Early Childhood Education Group Limited) ("Centre") during the enrolment process and during the period in which your child is enrolled at the Centre is intended for use in connection with the education and well-being of your child and may be used by any of the staff of the Centre or consultant of the Centre in connection with that purpose.

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.

We may contact your child's current/previous school in order to obtain or verify information relating to this application or an enrolment. 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://eli.education.govt.nz)

\* Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://eli.education.govt.nz)

**The Ministry recommends that all Centres keep a copy of the identity verification document of each child who is enrolled at the Centre.**

**Main Caregivers of child:**

Please note: The caregiver recorded as main contact person has been displayed below, all other caregivers are held in our database. If you wish to, please add any additional caregivers.

<b>Caregiver 1. Title:</b>	<b>Caregiver 2. Title:</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):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
<b>Caregiver 3. Title:</b>	<b>Caregiver 4. Title:</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):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

**Additional person/s who can pick up your child:**

<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):

**Preferred primary contact during the day:**

Name:	Phone:
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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:
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:
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:	

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Health			
Illness, Allergies, Special Needs, Health Problems:			
Do we have permission for your child to be tested by the Vision Hearing Technician? You will be notified of her visit to the centre.	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child up-to-date with immunisations?	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please provide verification of all immunisations)			
<b>For staff:</b> Immunisation records sighted and details recorded:	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medicine	
<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 Centre and kept in the first aid cabinet. Note: The Centre 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 <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by Centre</b> :	
▪	▪
▪	▪
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

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 Centre.	
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: ____ / ____ / ____

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

<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:	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: ____/____/____

<b>◆ Enrolment Details:</b>						
Date of Enrolment: ____/____/____ Date of Entry: ____/____/____ Date of Exit: ____/____/____						
How did you hear about us:						
Please select centre:	Tick One	Central Queenstown	<input type="checkbox"/>	Remarkables Park	<input type="checkbox"/>	
<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 Centre						Total hours:
20 Hours ECE at another Centre						Total hours:
Parent/Guardian Signature: _____ Date: ____/____/____						

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

**◆ 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 Centre?

Tick One Yes  No

2. Is your child receiving 20 Hours ECE at any other Centres?

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 Centres.
- 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 Centre providing relevant information to the Ministry of Education, and to other early childhood education Centres your child is enrolled at, about the information contained in this box.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**◆ 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 the Zig Zag Zoo Early Learning Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**◆ Optional Charges: We do not have optional charges.**

**◆ Statutory Holidays / Term Breaks**

This enrolment agreement is **inclusive** of school term breaks and statutory holidays.  
We are not open on Statutory Holidays and charge no fees on these days.

Required Information for Licensing Purposes	
<ul style="list-style-type: none"> <li>▪ <b>Excursions:</b> Do we have permission to take your child out of the centre on short local outings or walks? The maximum adult/child ratio will be 1 adult to 4 children.</li> </ul>	<p style="text-align: right;"><i>Tick One</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<b>Photo/video:</b>	
<ul style="list-style-type: none"> <li>▪ Do we have permission for your child to be photographed for the purposes of assessment, planning and evaluation?</li> </ul>	<p style="text-align: right;"><i>Tick One</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<ul style="list-style-type: none"> <li>▪ Do we have permission to carry out written observations and use digital images of your child for the purposes of programme planning and recording? (Students who enter the centre may wish to observe also.)</li> </ul>	<p style="text-align: right;"><i>Tick One</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<ul style="list-style-type: none"> <li>▪ Do we have permission to include your child's photo on the Centre's Facebook and Website?</li> </ul>	<p style="text-align: right;"><i>Tick One</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></p>

Other information
<ul style="list-style-type: none"> <li>▪ Is there any additional information teachers should be aware of? For example, religion, routines, language etc.</li> </ul>
<ul style="list-style-type: none"> <li>▪ What aspirations do you have for your child?</li> </ul>
<ul style="list-style-type: none"> <li>▪</li> </ul>
<ul style="list-style-type: none"> <li>▪</li> </ul>

Policies and Procedures
<ul style="list-style-type: none"> <li>▪ We require parents to sign their child in and out of the centre each day they attend.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Fees are to be paid in the week invoices are emailed out. A Late Payment fee of 10% of the outstanding fees will be added to all accounts that are overdue by one month. The Centre reserves the right to follow usual methods of debt recovery. All debt collection fees will be passed on to the parent.</li> </ul>
<ul style="list-style-type: none"> <li>▪ A non-refundable Enrolment Fee of \$40 is payable upon enrolment. This fee covers administrative costs including the Individual Journey of Learning (both book and online) for your child, and purchase of your child's bedding, scarf, lunchbox, sunhat etc.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Your set weekly fee is to be paid for your booked hours regardless of whether your child attends or not. For a maximum of 15 days per child per year, 50% fees are charged if your child is absent due to your family's annual holiday.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Each child has 3 free sick days – that is, no charge if the Zig Zag Zoo Early Learning Centre is notified of their absence due to illness by 8:00am for the morning session (or full day), and 11:00am for the afternoon session. Full fees apply if no notification is received.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Information about philosophy, policies, procedures, and a copy of our most recent Education Review Office report can be found in our entrance way. Information about policy and philosophy reviews and consultation processes will be published in our newsletter to parents.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Information concerning your child will be kept in their Individual Journey of Learning which is available to you at any time. Individual Enrolment Forms will be kept in the office filing cabinet and are available to you on request.</li> </ul>

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

### ◆ Parent Declaration

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

I undertake to adhere to the requirements and regulations of the Zig Zag Zoo Early Learning Centre and I also undertake to be responsible for the payment of fees on time. I understand that failure to comply with these requirements and regulations could lead to my child's exclusion from the Zig Zag Zoo Early Learning Centre.

I enclose/have direct credited by \$40 Enrolment Fee into:

- ACG ECE Group Ltd – Acc No: 03-0104-0150564-01 (Copper Beach)
- ACG ECE Group Ltd – Acc No: 03-0104-0150564-02 (Henry Street)

Parent/Guardian Signature: \_\_\_\_\_

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

### ◆ Centre Declaration

On behalf of Zig Zag Zoo Early Learning Centre (a trading name of ACG Early Childhood Education Group Limited), I declare that this form has been checked and all relevant sections have been completed.

Centre Provider Signature: \_\_\_\_\_

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