



Treetops
Early Learning Centre
BOTANY

Treetops ELC Botany Enrolment Agreement Form 报名表

588 Chapel Road
PO Box 46015
Phone (09) 272 4448
Botany Town Centre
Auckland

Email: botany@treetopslearning.co.nz

Fees in advance
Amount:

◆ Childs details 孩子资料:

Child's **official given name** 孩子的名:

Child's **official surname or family name** 孩子的姓:

Child's **official other names/middle names** 其他名字:

(please separate names with a comma):

Name your child is known by / preferred name:

孩子自己喜欢被叫的名字:

Surname/Family name 姓:

Given name 名:

Child's date of birth 出生日期: d d / m m / y yyy

Male
男

☐

Female
女

☐

Copy of official identity verification document * collected by staff 所提供的身份证明复印件:

☐ NZ birth certificate 出生证明

☐

Foreign birth certificate 外国出生证明

☐ NZ passport 护照

☐

Foreign passport 外国护照

☐ Other 其他: **Staff initials:**

* Information about acceptable identity verification documents is available online at 可被接受的文件可以在以下网站查询

www.lead.ece.govt.nz and www.minedu.govt.nz/parents

Child's ethnic origin/s 原始种族:

Iwi your child belongs to 所属宗族:

Language/s spoken at home 在家说的语言:

Child's primary residential address 现在居住地址:

Postcode 邮政编码:

◆ Privacy statement 隐私申明:

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

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

Parents / Guardians details 家长资料:	
Title: Mrs Miss Mr Ms (please circle)	Title: Mrs Miss Mr Ms (please circle)
First Names 名:	First Names 名:
Surname 姓:	Surname 姓:
Address 地址:	Address 地址:
Post Code 邮政编码:	Post Code 邮政编码:
Relationship to child 与孩子的关系:	Relationship to child 与孩子的关系:
Phone (Home)家庭电话:	Phone (Home)家庭电话:
Phone (Work)工作电话:	Phone (Work)工作电话:
Phone (Mobile)手机号码:	Phone (Mobile)手机号码:
Occupation 职业:	Occupation 职业:
Email 电子邮件:	Email 电子邮件:
Title: Mrs Miss Mr Ms (please circle)	Title: Mrs Miss Mr Ms (please circle)
First Name 名:	First Names 名:
Surname 姓:	Surname 姓:
Address 地址:	Address 地址:
Post Code 邮政编码:	Post Code 邮政编码:
Relationship to child 与孩子的关系:	Relationship to child 与孩子的关系:
Phone (Home)家庭电话:	Phone (Home)家庭电话:
Phone (Work)工作电话:	Phone (Work)工作电话:
Phone (Mobile)手机号码:	Phone (Mobile)手机号码:
Occupation 职业:	Occupation 职业:
Email 电子邮件:	Email 电子邮件:
Emergency Contacts 紧急联系人: (Authorised to uplift your child from Treetops ELC Botany)	
Title: Mrs Miss Mr Ms (please circle)	Title: Mrs Miss Mr Ms (please circle)
First Names 名:	First Names 名:
Surname 姓:	Surname 姓:
Address 地址:	Address 地址:
Postcode 邮政编码:	Postcode 邮政编码:
Phone (Home)家庭电话: (Work)工作:	Phone (Home)家庭电话:(Work)工作:
Phone (Mobile)手机号码:	Phone (Mobile)手机号码:
Email 电子邮件:	Email 电子邮件:
Relationship to child 与孩子的关系:	Relationship to child 与孩子的关系:

Custodial Statement 监护人声明	
Are there any custodial arrangements concerning your child 是否有任何监护人协议关系到你的小孩?	
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
如果是请提供监护人协议或者法院禁止文书 (需要提供法院禁止令副本)	
Person/s who cannot pick up your child 不能接你孩子的人有:	
Name 姓名:	Name 姓名:
Childs Doctor 孩子的家庭医生:	
Name 姓名:	Phone 电话:
Name of Medical Centre 诊所名称:	

Health 健康状况 <i>Tick One (选择其一)</i>	
Does your child have any illnesses or allergies 你的孩子有任何病史或过敏吗? Yes 是 No 否	<input type="checkbox"/> <input type="checkbox"/>
Details 详细说明:	
Does your child require a special diet 你的孩子对饮食有特殊要求吗? Yes 是 No 否	<input type="checkbox"/> <input type="checkbox"/>
Details 详细说明:	
Is your child up to date with immunisations 你的孩子是否已接种所有要求的疫苗? Yes 是 No 否	<input type="checkbox"/> <input type="checkbox"/>
(Please provide verifications of all immunisations 请提供疫苗证明)	
Immunisation record sighted and details recorded 疫苗纪录已出示并已纪录 Yes 是 No 否	<input type="checkbox"/> <input type="checkbox"/>

Medicine 药物	
Category (i) Medicines 一类药物	
A category (i) medicine is a non-prescription preparation 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 一类药物是非处方药品不内服用于轻微受伤的急救治疗, 由幼儿园提供并放置在急救箱中.	
Do you approve category (i) medicines to be used on your child 你是否同意给你的孩子使用一类药物 <i>Tick One</i> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child 可以给我的孩子使用的一类药物的具体名称	
<ul style="list-style-type: none"> Zinc and castor oil nappy cream 锌和蓖麻油的屁屁膏 	<ul style="list-style-type: none"> Zoono hand sanitizer ZOONO 洗手消毒液
<ul style="list-style-type: none"> Arnica 山金车膏 (用于瘀伤, 伤痕, 擦伤) 	<ul style="list-style-type: none"> Plasters 创可贴
<ul style="list-style-type: none"> Saline 生理盐水 	<ul style="list-style-type: none"> Sunscreen 防晒霜
<ul style="list-style-type: none"> Calendula cream 金盏花霜 	
Parent/Guardian Signature 家长 / 监护人签名: _____ Date 日期: ____ / ____ / ____	

Category (ii) Medicines 二类药物	
<p>Category (ii) medicines are prescription (such as antibiotics, eye/ear drops, paracetamol 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. 二类药物是处方药（例如抗生素，眼睛 / 耳朵滴剂，退烧药等），这类药物在特定时间内根据情况被用于治疗特定症状，由家长提供仅限使用于自己的孩子。</p> <p>I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/ circumstances) medicine is to be given. 我了解凡事需要使用二类药物的当天早晨，需要家长填写药物表格，表格内包括什么药（药名），如何使用（方法和用量），何时使用（时间或者特定症状 / 情况）。</p>	
Parent/Guardian Signature 家长 / 监护人签名: _____	Date 日期: ____ / ____ / ____
Category (iii) Medicines 三类药物	
<p>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. 如果您的孩子需要使用药物来维持个人身体健康，如长期患有哮喘或湿疹，请填写此项，此药物仅使用于您的孩子。</p>	
For staff (由内部员工填写): Individual health plan sighted and a copy taken: Yes <input type="checkbox"/> No <input type="checkbox"/>	
已查看个人健康计划书并复印 <i>Tick One:</i>	
Name of medicine 药物名称:	
Method and dose of medicine 用法用量:	
When does the medicine need to be taken: (State time or specific symptoms) 使用时间（具体时间或特定症状）	
Parent/Guardian Signature 家长 / 监护人签名 _____	Date 日期: ____ / ____ / ____

◆ Enrolment Details 注册资料:						
Date of Enrolment 注册日期: ____ / ____ / ____ Date of Entry 入园日期: ____ / ____ / ____ Date of Exit 离开日期: ____ / ____ / ____						
<p>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.</p> <p>请注意 20 小时的 ECE 补助最多每天可用 6 个小时，每周 20 个小时，同时在孩子接受 20 小时补助时没有任何强制性费用</p>						
Days Enrolled 入园天数:	Monday 周一	Tuesday 周二	Wednesday 周三	Thursday 周四	Friday 周五	Total number of hours 共计小时:
Times Enrolled 入园时间段:						

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours(3 – 5 year olds)以下表格用于 20 小时的 ECE 补助填写例如：6 小时（适用 3-5 岁）

20 Hours ECE at this service 在这家幼儿园的 20 小时 ECE						Total no of hours 共计小时 :
20 Hours ECE at another service 在其他幼儿园的 20 小时 ECE						Total number of hours 共计小时 :

Parent/Guardian Signature 家长 / 监护人签名: _____ Date 日期: ____ / ____ / ____

◆ 20 Hours ECE Attestation 20 小时的 ECE 补助:(3 – 5 year olds) (三到五岁)

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

你的孩子是否在此幼儿园享受 20 小时的 ECE 补助（每天最多 6 个小时，每周 20 小时）？

Tick One

Yes

No

2. Is your child receiving 20 Hours ECE at any other services? 你的孩子是否在其他幼儿园享受 20 小时的 ECE 补助？

Tick One

Yes

No

If yes to either or both of the above, please sign to confirm that 如果是请您签字确认收到补助:

- Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.您的孩子从未在任何幼儿园享受超过 20 小时的 ECE 补助。
- 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.你授权教育部在与需要时求证关于你在入学协议书所提供的信息，并做出有关于你的孩子是否有资格享受 20 小时 ECE 补助的决定。
- 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. 您的孩子报名时，您同意幼儿园提供相关的信息给教育部和其他你孩子入学的幼儿园，其中包含这份报名表中的信息。

Parent/Guardian Signature 家长或监护人签名: _____ Date 日期: ____ / ____ / ____

◆ Dual Enrolment Declaration 家长申明

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at TreetopsELC Botany.我在此申明，我的孩子不在同一时间内在除此之外的其他幼儿园就读。

Parent/Guardian Signature 家长或监护人签名: _____ Date 日期: ____ / ____ / ____

◆ Optional Charges: Not applicable at this centre

1. The optional charge is for:
<ul style="list-style-type: none"> ▪ Morning Tea, Lunch and Afternoon Tea provided at an optional charge of \$7.50 per day.
2. I understand that if I agree to pay for the optional charge, Treetops Early Learning Centre Botany Junction may enforce payment.
3. The agreement to pay the optional charge will last for: as long as the child is enrolled
4. The rules about making changes to the agreement are:
<ul style="list-style-type: none"> ▪ Changes to booked hours, If you wish to increase or decrease the hours/days your child is booked
5. I understand that that 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: _____ Date: ____ / ____ / ____

◆ **Statutory Holidays 法定假期:** Treetops Early Learning Centre Botany is open all school term breaks and closed all public statutory holidays 在所有的学校假期照常营业，所有的法定公共假期不营业。

Additional information requiring approval for enrolment 其他须知信息:	
<ul style="list-style-type: none"> ▪ Excursions: My child has my permission to participate in spontaneous local community walks such as; around the Botany shopping complex or Local Park with other children and regulated staff. Ratios are 1:3 for under 2's and 1:6 for over 2's. Conditions stated in the excursions policy including ratios by means of public transport will be adhered to at all times 我授权我的孩子和其他孩子一起参加由老师组织的自发性当地社区散步，如楼下商业区或本地公园。师生比例是（两岁以下 1:3，两岁以上 1:4）以上条件同样适用于乘坐公共交通的郊游活动。 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Medical emergency: I authorise a senior staff member, in the event of illness or accident, to seek medical or other advice as deemed necessary, for my child's best interest 医疗急救：本人授权给一名有经验的老师，在疾病或者意外事故的情况下，在需要时给予药物或者寻求咨询来保障我孩子的最佳利益。 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Photos: As part of the planning process we gather art work and photos of all children, I agree that my child may have their photo taken by employed staff for assessment purposes and the centre newsletter, and that these photographs will be uploaded to Educa our online portfolio system. These photos may also be used for educational purposes by visiting education teachers and students. 照片：作为幼儿园活动的一部分，我们收集孩子的艺术作品和照片。我同意幼儿园的老师拍摄我孩子的照片，只做为教学评估和院内刊物之目的。这些照片将上传到 EDUCA，同时也可以供实习老师和学生使用于教学目的。 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Advertising Material: I understand photos may possibly be used for Treetops Early Learning Centre promotional material such as The Treetops Facebook site, website and local newspapers. Permission will be sort prior to publishing. 广告宣传材料：我了解照片可能被用于 Treetops 幼儿园宣传资料，如放在 Facebook，网站和当地报纸。在发布之前会先得到您的允许。 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Policy Statement: Treetops Early Learning 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 	<input type="checkbox"/>

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

Version: April 2018

<p>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.</p> <p>政策申明: Treetops 幼儿园有很多地方列明了有关孩子的照看和教育的政策。我们强烈建议您阅读这些政策。签署这份报名表, 表明您了解并遵循幼儿园的政策, 您也可以把您的意见反映在幼儿园的政策审核中。</p>	
<p>▪ Parent Information Book: Please ensure you have read the information in the parent handbook as it covers important details about Treetops Early Learning Centre such as policies, fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.</p> <p>家长资料册: 请您认真阅读家长手册, 里面包括幼儿园政策, 费用明细, 政府补贴和一些方法让我们老师帮助您和孩子早点适应幼儿园等一系列重要信息。</p>	<input type="checkbox"/>
<p>▪ Payment of fees: I agree to pay childcare fees as per the Centre's attached Terms of Trade and understand that any costs incurred in the recovery of overdue fees will be payable by me.</p> <p>费用支付: 我同意按照幼儿园的条款支付育儿费用, 并且明白如有预期支付所造成的费用将是由我支付。</p>	<input type="checkbox"/>
<p>▪ Holidays: I am aware that fees are still payable when my child is absent. I am entitled to up to 3 weeks absence per year at 50% discount (with 2 weeks notice). 假期: 我知晓, 即使我的孩子没来幼儿园上课, 我依然要支付全额费用。幼儿园提供每年三周的假期 (已 50% 的折扣), 但是必须提前两周通知。</p>	<input type="checkbox"/>

◆ Parent Declaration 家长申明	
<p>I declare that all the above information is true and correct to the best of my knowledge</p> <p>我申明以上我所提供的所有资料真实和正确。</p>	
<p>Parent/Guardian Signature 家长或监护人签名: _____</p>	<p>Date 日期: ____ / ____ / ____</p>
◆ Service Declaration 幼儿园声明	
<p>On behalf of Treetops Early Learning Centre Botany, I declare that this form has been checked and all relevant sections have been completed.</p> <p>我代表 Treetops ELC Botany, 确认这份表格已经检查过并且所有相关资料都已经填写完成。</p>	
<p>Service Provider Signature 园方签字: _____</p>	<p>Date 日期: ____ / ____ / ____</p>

Change of Days/Times of Enrolment 更改入学日期和时间:						
Effective Date of Change 更改后生效日: ____ / ____ / ____						
Days Enrolled 入托天数:	Monday 周一	Tuesday 周二	Wednesday 周三	Thursday 周四	Friday 周五	
Times Enrolled 入托时间:						Total 总小时数:
For 20 Hours ECE fill out boxes below 20 小时政府 ECE 补助						
20 Hours ECE at this service 在这家幼儿园的 20 小时 ECE						
20 Hours ECE at another service 在其他幼儿园的 20 小时 ECE						
Parent/Guardian Signature 家长或监护人签名: _____ Date 日期: ____ / ____ / ____						

Change of Days/Times of Enrolment 更改入学日期和时间:						
Effective Date of Change 更改后生效日: ____ / ____ / ____						
Days Enrolled 入托天数:	Monday 周一	Tuesday 周二	Wednesday 周三	Thursday 周四	Friday 周五	
Times Enrolled 入托时间:						Total 总小时数:
For 20 Hours ECE fill out boxes below 20 小时政府 ECE 补助						
20 Hours ECE at this service 在这家幼儿园的 20 小时 ECE						
20 Hours ECE at another service 在其他幼儿园的 20 小时 ECE						
Parent/Guardian Signature 家长或监护人签名: _____ Date 日期: ____ / ____ / ____						