

# Enrolment Form

Application Date.....  
 Start Date .....  
 Leave Date .....



Our 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. Please read these, together with the parent handbook as both documents contain important information for parents. 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.

### 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 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 .....                   |  |

Staff Initials .....

Child's date of birth      dd / mm / yyyy

Male     Female

Child's ethnic origins:

Iwi your child belongs to:

Language/s spoken at home:

Child's Primary Residential Address:

Postcode:

### 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 documents is available online at [eli.education.govt.nz](http://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.**

### Parent / Guardian (1)

Given names:

Surname/Family Name:

Address:

Postcode:

Phone Home:

Phone Work:

Phone Mobile:

Email:

Relationship to child:

### Parent / Guardian (2)

Given Names:

Surname / Family Name:

Address:

Postcode:

Phone Home:

Phone Work:

Phone Mobile:

Email:

Relationship to child:

Parent / Guardian (3)		Parent Guardian (4)	
Given names:		Given Names:	
Surname/Family Name:		Surname / Family Name:	
Address:	Postcode:	Address:	Postcode:
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:			
Given names:		Given Names:	
Surname/Family Name:		Surname / Family Name:	
Address:	Postcode:	Address:	Postcode:
Phone Home:		Phone Home:	
Phone Work:		Phone Work:	
Phone Mobile:		Phone Mobile:	
Relationship to child:		Relationship to child:	
Custodial Statement			
<p>Are there any custodial arrangements concerning your child? Yes / No <i>circle one</i></p> <p><i>If YES, please provide details of any custodial arrangements or court orders (a copy of any court order is required).</i></p>			
Person/s who <u>cannot</u> pick up your child (if any)			
Name:		Relationship to child:	
Name:		Relationship to child:	
Additional Emergency Contacts (also able to pick up your child)			
Given names:		Given Names:	
Surname/Family Name:		Surname / Family Name:	
Address:	Postcode:	Address:	Postcode:
Phone Home:		Phone Home:	
Phone Work:		Phone Work:	
Phone Mobile:		Phone Mobile:	
Relationship to child:		Relationship to child:	
Please continue on a separate page if you would like to add additional emergency contacts.			
Child's Doctor			
Doctors Name:		Phone number:	
Name of Medical Centre/Practice:			

**Health**

Please list details of any ongoing illnesses/allergies:

Is your child up-to-date with immunisations? Yes / No

Please provide a copy of your child's latest immunisation certificate.

For staff to record: Immunisation records sighted and details recorded: Yes / No

**Medicine**

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.

Category (i) medicines that might be used on my child (provided by Coast Montessori Preschool) are arnica Cream, antiseptic liquid/ointment, insect bite treatment.

Do you approve category (i) medicines to be used on your child? Yes / No

Name/s of specific category (i) medicines that can be used on my child, provided by Coast Montessori Preschool

.....  
.....

Parent/Guardian signature ..... Date: ..... / ..... / .....

Category (ii) Medicines

Category (ii) Medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription medicine (such as paracetamol, cough syrup etc) 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 ..... / ..... / .....

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.

Please provide a copy of your child's individual health plan and provide details of the medication and its application. Leave this section blank if it is not relevant to your child.

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: ..... / ..... / .....

For staff: Individual Health plan sighted and a copy taken Yes / No

**Enrolment Details**

Date of Enrolment ..... / ..... / .....	Date of Entry: ..... / ..... / .....	Date of Exit: ..... / ..... / .....
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Please note: 20 Hours ECE is 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 ( <i>circle</i> )	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total hours:

**For 20 Hours ECE, fill out boxes below with the hours attested, eg 6 hours**

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parent/Guardian Signature ..... Date: ..... / ..... / .....

**20 Hours ECE Attestation**

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? **Yes / No**

Is your child receiving 20 Hours ECE at any other service? **Yes / No**

If you answered 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.
- 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 section.

Parent/Guardian Signature ..... Date: ..... / ..... / .....

**Dual Enrolment Declaration**

I hereby declare that my child **is/is not** (*please delete one*) enrolled at another early childhood institution at the same times that he/she is enrolled at Coast Montessori Preschool

Parent/Guardian Signature ..... Date: ..... / ..... / .....

**Optional Charges – for children receiving the 20 Hour subsidy.**

*The following wording often is required by the Ministry of Education and refers to our daily charge of \$27.50 per day for 3 and 4 year old children receiving the 20 Hour subsidy. MOE refer to this as an ‘optional charge’. Though a breakdown is provided below of ‘optional charges’ totalling \$12, the remaining portion of our daily fee relates to the fact that the Government fund each child’s attendance for six hours each day. Our charge reflects the fact that children attend for longer than this. We confirm that other than this daily charge of \$27.50 each day, there are no additional fees charged to parents.*

I understand that pursuant to Ministry of Education requirements, an optional charge is not compulsory and if I choose not to pay there will be no penalty. However, I have agreed to pay optional daily charges as provided on the Fee Schedule in the Information Pack and as advertised at the Centre.

1. This optional charge is to cover additional costs incurred by the centre in the provision of a standard of care above the minimum required, including the following:
  - A higher than required adult/child ratio – optional daily charge \$5 (incl GST)
  - A teaching staff of whom more than 80% are registered and qualified teachers, rather than unqualified staff (exceeding minimum requirements that 50% of staff be registered and qualified teachers) – optional daily charge \$5 (incl GST)
  - Provision of miscellaneous items including sunscreen, food etc – optional daily charge \$2 (combined) (incl GST)
2. I understand that if I agree to pay for these optional charges, Coast Montessori Preschool may enforce payment.
3. The agreement to pay the optional charge will last for the period of my child’s enrolment at Coast Montessori Preschool.
4. The rules about making changes to the agreement are:
  - Changes to these charges will be notified in writing, with one months notice provided.
  - Parents may withdraw their agreement at any time prior to their child commencing at the service, or by providing four weeks notice in writing.
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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 / Term Breaks**

This enrolment agreement is inclusive of school term breaks. Coast Montessori Preschool is not open on statutory holidays and no charge is made for these days. The preschool is open throughout the year, with the exception of a period of closure between Christmas and early January each year. Exact closing/re-opening dates for each Christmas/New Year period will vary from year to year, and will be advised to parents well in advance. As an indication, we will generally close around 23 December each year and re-open between January 7-11.

**Authorisations**

<p>In the event of accident or emergency, I authorise Coast Montessori Preschool to provide first aid assistance to my child and to seek emergency medical or other advice as it deems necessary in the best interests of my child.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature.....</p>
<p>I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature.....</p>
<p>I give permission for my child to take part in regular excursions (under the conditions stated in the service's excursions policy) to the garden area immediately adjacent to the playground (within the preschool grounds). Adult:child ratio's of no less than 1 adult for 1-6 children, 2 adults for 7-20 children, and 1 adult for every 10 children over 20 children will be maintained during these excursions.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature.....</p>
<p>I understand that I will be required to provide written consent for any excursion where my child leaves the preschool property, and that I will be advised prior to the excursion of all relevant details, including adult/child ratio's.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature.....</p>
<p>I give permission for my child to be photographed while at the Preschool for the purposes of planning, assessment and evaluation and for these photos to be displayed within the centre and used in children's portfolios, but not otherwise used without my express consent.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature.....</p>
<p>I understand that full fees are payable for each day my child is enrolled, even if my child is unable to attend through illness or if I choose for my child not to attend for any other reason.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature.....</p>
<p>I understand and accept full responsibility for payment of fees charged to my account in accordance with the published fee rates and policies. The Centre reserves the right to change the fee rates and policies and irrespective of previously published or quoted prices, the new rates and policies will apply from the notified date. I understand and accept that these fees are to be paid in full, in advance, within 3 days of the beginning of each billing period.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature.....</p>
<p>I understand that a late fee of \$25 per week may be charged if my account has been outstanding for more than three weeks</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature.....</p>
<p>I will give at least four weeks' notice in writing or pay four weeks fees before reducing the number of days enrolled or my child leaving Coast Montessori Preschool.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature.....</p>
<p>I understand and accept that if any fee or charge remains unpaid for more than one month, my child's enrolment may be forfeited and the debt passed to a Debt Collection Agency for collection. I accept responsibility for any and all legal administrative costs and legal fees incurred in this process.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature.....</p>

This enrolment agreement is inclusive of school term breaks, during which the Centre remains open. Coast Montessori Preschool is **not** open on public holidays and no charge will be made for those days.

Yes  No

Parent Signature.....

**Other Information?**

Is there any other information you would like to advise us of in relation to your child? This may include your child's strengths, interests and preferences.

**Please attach the following documents required to complete enrolment**

**National Student Identification**

- Please provide a copy of an acceptable identity verification document to enable enrolment and the allocation of a National Student Number. 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). This could be one of the following:
  - New Zealand birth certificate
  - Foreign birth certificate
  - New Zealand passport
  - Foreign passport
  - Other \_\_\_\_\_

**Immunisations**

- Please attach a copy of your child's immunisation certificate (from the back of the Well Child book, or as provided by your doctor).

**Category (iii) medicines**

- If your child requires Category (iii) medicines, please attach a copy of their individual health plan and full details of the medication required, and how it should be administered.

**Parent Declaration**

I acknowledge that I have read and understood the terms and conditions of my child's enrolment at Coast Montessori Preschool. I declare that all the above information is true and correct to the best of my knowledge and I accept the terms and conditions noted above.

I have attached the documents listed above to enable enrolment to be completed.

Parent/Guardian Signature ..... Date .....

**How did you hear about Coast Montessori Preschool ?**

- Building Signage
- Internet
- Friend/Family recommendation
- Yellow Pages
- Word of Mouth
- Other.....

**Service Declaration (for Coast Montessori staff to complete)**

On behalf of Coast Montessori Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature ..... Date: .....