

ENROLMENT AGREEMENT FORM

All enrolments are at the Managers discretion.

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 required on enrolment.

- New Zealand birth certificate
 New Zealand passport
 Foreign birth certificate
 Foreign passport Other _____ Staff initials: _____

Child's date of birth: ____ / ____ / _____

Male

Female

Child's Ethnicity origin/s: _____

Iwi affiliation : _____

Language/s spoken at home: _____

Child's primary residential address:

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 the 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

The information contained in this enrolment form is for the use of the Pre School Personnel, Staff, Ministry of Education and the Education Review Office. We forward a copy of contact details of the children enrolled at the Pre School to Methven Primary, Our Lady of the Snows & Lauriston upon request for their projected rolls. If you have any objection to them receiving this information, please advise Management on enrolment.

All relevant information will be forwarded via email/post or storypark.

Information about acceptable identity verification documents is available online at 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 Information:

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:

Emergency Contact:

Person child could be left with / collected by in case of an emergency or sickness: (if your child needs to be collected from Pre School in case of sickness or emergency, the person collecting MUST be able to be here within 30 minutes of the parent being rung)

1.Given Names:
Surname/Family Name:
Phone (Home):
Phone (Work):
Phone (Mobile):
Email

Names of People permitted to collect your child from Pre School:

(We may request proof of ID and you must include your emergency person. Your child will be kept at the Centre until the parent /caregiver is contacted to give permission, if the person collecting the child is not named on the child's file.)

Custodial Statement:

Are there any custodial arrangements concerning your child? yes no

If yes, please provide a verified copy of custodial papers or court orders.

◆ 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:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 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:

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

2. 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.
- 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: _____ 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 Methven Pre School.

Parents/Guardian Signature: _____ Date: ___ / ___ / ___

Child's Doctor:

Dr's Name:

Phone:

Name of Medical Centre:

In the event of an accident or emergency, I authorise that the Centre will seek medical advice or treatment as they deem necessary in the best interests of my child. This may require staff transporting your child in a car to medical centre. A car seat would be used.

I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation.

Parents/Guardian Signature: _____ Date: ____ / ____ / ____

Health/Medical:

Illness/Allergies:

Immunisation Record:

(A copy of immunisation details is required on enrolment if applicable)

Is your child immunised	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is your child up-to-date with immunisations	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Verification provided	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Medicines:**Category (i) Medicines:**

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment, nappy rash cream/talc, sunblock 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.

Parents supplying own sunblock:

Please state which/if any you do NOT want of these treatments used on your child:

Do you approve category (i) medicines to be used on your child. YES NO

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 the parent for the use of that child only. Or in relation to Rongoa Maori (Maori 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 every 3 months 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

Signed letter to be kept in Medical Folder & renewed every 3 months: 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: ___/___/___

Terms and conditions of Enrolment

Parents/caregivers/whanau enrolling their child must read & sign the following terms and conditions:

Fee Schedule and Conditions:

- An annual non-refundable administration fee of \$20 per family will be charged on enrolment of each year to cover administration costs and booking changes. This will be charged before any new enrolments are accepted.
- I agree to pay fees at the rates set by the Methven Pre School. Accounts are emailed monthly or issued weekly or fortnightly if requested, fees are due to be paid monthly. Interest will be charged at 10% of your overdue account per month.
- Children may not be allowed to attend Pre School if accounts are outstanding for 2 months or more. If no parental/caregiver contact occurs, the debt will be passed to a debt collector. All costs and expenses which we may incur will be added to the total amount owing.
- Fees are charged for all operational days your child is booked, regardless of whether they attend or not. Fees are not charged over the Christmas/New Year holiday period, statutory public holidays, teacher only days or emergency closure days.
- Please advise the Pre School administration if your child will be away on holiday. There is a two week holiday discount of 50% given annually which applies to permanent bookings. This must be taken consecutively (one week or two weeks, not as single days). To receive this discount you must notify the centre at least one week prior to the holiday. This does not apply to children receiving/using any 20 hours ECE.
- I understand that after 3 consecutive weeks of absence, entitlement to Ministry of Education or WINZ subsidy ceases and FULL fees are charged after this period until you child returns to the Pre School.
- Late pick-up fee: No notification in regards to any late pick-ups incur a \$15 per quarter hour penalty charge. Bookings can be extended in ½ hour increments only.
- No notification of cancelled attendance on permanent or casual bookings incurs a \$30 non notification penalty charge.

Parent/Guardian Signature: _____ Date: ____/____/____

Bookings:

- I understand that the hours of operation of the Methven Pre School are Monday to Friday 8am to 5pm.
- Booking times apply: minimum 9am – 1pm, 1pm – 4.30pm, or 9am – 3pm. These times can be extended on a permanent or casual basis, subject to availability. Bookings must start or finish on the hour or ½ hour.
- The minimum childcare attendance is two days/sessions per week, this enables children to have regular and meaning full relationships with children and staff.
- 2 weeks' notice must be given for cancellation of a permanent booking. Full fees will be charged if this is not provided.
- Casual bookings cannot be made more than 2 weeks in advance, this is at the discretion of the Manager.
- Methven Pre School will not offer make-up days.

Parent/Guardian Signature: _____ Date: ____/____/____

Morning/afternoon teas:

- The option for morning and/or afternoon teas is available, please see attached form.

Permissions (please cross out any statements you do not give permission for):

- For the centre staff to carry out written observations and use digital images and/or videos of my child for the purposes of program planning, assignments and recording.
- For students who enter the centre to carry out written observations and use digital images of my child for training purposes.
- For my child's photograph to be used in newspaper articles, on the Methven Pre School website and Pre School's Facebook page. See Privacy Statement.
- For my child to be taken out of the Pre School on impromptu outings/walks, adhering to staff/child ratios and centre procedures. All children will be wearing high visibility vests and sunhats/coats as necessary

Parent/Guardian Signature: _____ **Date:** ____/____/____

Other Information:

- I have viewed the sleeping facilities and read the sleeping policy, if applicable. (printed in information booklet)
- I agree, as per the rules of the Methven Pre School Constitution, to become a member of the Methven Creche Association Incorporated and agree to the payment of \$1 per annum per family, this will be charged to your June account.
- The centre philosophies, policies, procedures and the latest ERO report can be found in the parent library at reception and on our website www.methvenpreschool.org.nz
- Parents/caregiver/whanau will not physically discipline any child on the Centres property. All children will be treated with dignity and respect as per the centres policy on developing social competence.
- All information concerning the child enrolled is kept in a secure environment and is available on request to management. Personal records are destroyed after 7 years.
- Children showing signs of sickness or infectious illnesses must be excluded from the centre as per Ministry of Health, medical advice and centre policy. (refer emergency pick up on page 2)
- Authorisation is given for STAFF ONLY to attend to toileting requirements while my child is attending the Pre School.
- I acknowledge that my child enters the Pre School at their own risk and although proper and experienced care is given at all times, this Pre School cannot accept responsibility for misadventures either at the Pre School or on outings.
- I understand that I will be required to provide signed consent for any excursion requiring transport. All transport adheres to legal requirements.

Storypark:

- Signing up to Storypark is mandatory for the recording of children's learning and development. Please see information booklet.

Parent/Guardian Signature: _____ **Date:** ____/____/____

- Children attending Pre School can choose to attend until the day before their sixth birthday as long as they are **NOT** enrolled at any school.

I wish for my child _____ to attend Methven Pre School until _____ date.

I am signing to say that they are **not enrolled** at any school while attending this centre.

Parent/Guardian signature: _____

Statutory Holidays:

This enrolment agreement is **inclusive** of school term breaks. Methven Pre School is **closed** for all of the following **statutory holidays** and for **two weeks over the Christmas/New Year period**, (dates advised annually)

Waitangi Day Good Friday Easter Monday Anzac Day Queen's Birthday Labour Day
 Canterbury Anniversary Day Christmas Day Boxing Day New Year's Day 2nd January

Parent Declaration:

I have read and understand the terms and conditions of enrolment as set out above. I declare that all the above information is true and correct to the best of my knowledge and understand that Methven Pre School will accept children whose parents/caregivers undertake to abide by the policies and procedures of the centre and Ministry of Education Licensing Criteria.

Parent/Guardian Signature: _____

Date: ____/____/____

Service declaration:

On behalf of Methven Pre School Learning and Child Care Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____/____/____

ANY CHANGES TO THIS FORM MUST BE SIGNED & DATED BY PARENT/GUARDIAN

Last updated November 2018

