

## Enrolment Agreement Form St George's Pre-School

<b>Child's details:</b>	NSN Number:	
Child's <b>official surname</b> or <b>family name</b> :		
Child's <b>official given name</b> :		
Child's <b>official other names / middle names</b> : (please separate names with a comma):		
<b>Name your child is known by / preferred name:</b>		
Surname / family name:		Given name:
Official identity verification document/s sighted 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 _____	<b>Staff initials:</b> _____	
Child's date of birth:        /        /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's ethnic origin/s: _____	Iwi your child belongs to: _____	Language/s spoken at home: _____
Child's primary residential address:		
Post Code:		
<b>Privacy Statement:</b>		
<p><i>All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).</i></p> <p><i>Additionally, all Privacy statements must include the exact wording below:</i></p> <p>Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:</p> <ul style="list-style-type: none"> <li>• for funding allocation purposes</li> <li>• for monitoring purposes</li> <li>• to allow the assignment of a National Student Number* to your child, and</li> <li>• to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.</li> </ul> <p>Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.</p> <p>* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at National Student Number (NSN) » NZQA</p> <p><i>Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: National Student Numbers (NSN) – Education in New Zealand</i></p> <p><b>The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.</b></p>		

Parents / Guardians:	
<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:
Relationship to child:	Relationship to child:
<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:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child ( <i>other than the people named above</i> )	
<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):

Custodial Statement	
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:	

<b>Health:</b>	
Illness/allergies:	
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

### 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.

Note: The service 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  No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

- |                                     |   |
|-------------------------------------|---|
| ▪ Naturo Pharm Arnica               | ▪ |
| ▪ Health E Antiseptic Cream / Spray | ▪ |

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 are 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 that 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.

**For staff:** Individual health plan sighted and a copy taken: Tick One: Yes  No

Name of medicine:

Method and dose of medicine:

When the medicine needs to be taken: (State time or specific symptoms)

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

**Excursions / Outings:**

Excursions are an important part of the Centre and ensure that links between the Centre and the wider community are affirmed and extended. From time to time the Centre will go on excursions out of the Centre. These will include both spontaneous and planned outings. Spontaneous outings will involve walking short distances only. These spontaneous excursions will be recorded on the Centre notice board. Excursions that involve longer walks or vehicles will require additional written parent permission.

I give permission for my child to go on regular excursions with an adult to child ratio of 1:4 (as per the trip policy):

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

**Religious requirements**

If your child has any religious requirements regarding food, please list them here:

**How did you learn about our centre:**

Signage  Advert  Flyer  Website  Family member attended here  Word of mouth  Referral

**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 the Preschool.

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

### Parent Declaration

I have read and agree to the above terms and conditions

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

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

### Service Declaration

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

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## St George's Preschool – Fee Summary

*(Fees are reviewable at any time)*

Invoicing / Weekly Fees	
<ul style="list-style-type: none"> <li>▪ I understand and accept full responsibility for payment of the fees charged to my child's account in accordance with the published policies and fee rates. The current rate for the hours my child is booked in is: \$ _____ per week.</li> <li>▪ I understand and accept that these fees are to be paid weekly in advance.</li> <li>▪ I understand and accept that irrespective of any arrangement with any third party to pay the fees, the full responsibility to pay remains with me.</li> <li>▪ I understand that this enrolment agreement is inclusive of school term breaks.</li> <li>▪ Children who are enrolled but not attending the Preschool are required to pay full fees for days absent.</li> <li>▪ On Public Holidays, Pre-school fees will remain applicable at the regular rate.</li> </ul>	
Other Charges	
<b>Extra hours charge</b>	I am aware of the Preschools licensing hours and I will be charged \$5.00 for every five minutes I am late.
<b>Trips &amp; special events</b>	Trips and some special events are paid for by the child's parents/caregivers. Attendance is optional.
<b>Leaving notice</b>	2 weeks notice is required to withdraw your child from the Centre. In the case of a child moving to another centre, if no notice or insufficient notice is given, the relevant fees will be charged as per normal.
<p><input type="checkbox"/> I have read and understood the Fee Summary and agree to pay the applicable fees.</p> <p><input type="checkbox"/> I declare that all the above information is true and correct to the best of my knowledge.</p>	
<p><b>Full Name:</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>	

## St George's Preschool – Terms & Conditions

Individual development plans / journals	<ul style="list-style-type: none"> <li>I agree to my child being observed, photographed, and videoed for the purposes of assessment, planning and evaluation.</li> </ul>
Enrolment rights	<ul style="list-style-type: none"> <li>I understand that acceptance of enrolment of my child at the Preschool is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment.</li> <li><b>I declare that my child is not enrolled in another early childhood service on the days that they are enrolled at the Preschool.</b></li> <li>I agree only to be enrolled in this early childhood service for the enrolled hours.</li> </ul>
Sick children	<ul style="list-style-type: none"> <li>In signing this enrolment form, I agree to the Preschool rules that I am not to bring my child to the Centre when they are suffering from any condition that is capable of being transmitted to other children.</li> <li>I agree to pick up my child from the Preschool if my child becomes unwell during the day, within one hour of being notified.</li> </ul>
Administering medicine and testing of children	<ul style="list-style-type: none"> <li>In signing this Enrolment Agreement Form I authorise the teachers with current first aid certificates to administer medication provided or authorised by me for my child from time to time, and in the event of any illness, medical condition or accident, or where the child's health may be at risk. I authorise the Teachers to seek appropriate professional or medical advice or treatment as they consider necessary for the best interests of the child.</li> </ul>
Policy Statement and Parent handbook information	<ul style="list-style-type: none"> <li>The Preschool has a number of policies and procedures that are in place for the education and care of the children who attend. We strongly urge you to read these. The signing of this agreement form indicates that you will abide by the policies and procedures. Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.</li> </ul>
Fees agreement	<ul style="list-style-type: none"> <li>In signing this Enrolment Agreement Form I agree to pay the fees on the basis of the fee schedule that is current at the time and I will pay, in advance, in accordance with the Fee Policy of the Centre.</li> <li>An increase in fees will be communicated to whanau at least four weeks in advance. The communication will include details regarding the reason for the fee increase and the specific time frame during which the new fees will take effect.</li> <li><b>I acknowledge and agree to pay the appropriate fee for an enrolled day even if unable to attend.</b></li> <li><b>I agree to give two weeks' notice before withdrawal of my child from the Preschool. This must be given in writing.</b></li> </ul>
Fee payment responsibility	<ul style="list-style-type: none"> <li>I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published policies and fee rates.</li> <li>I understand and accept that these fees are to be paid weekly in advance.</li> <li>I understand and accept that irrespective of any arrangement with any third party (e.g. other adult, Income Support services, Accident Insurance, Trusts or Budget Services, etc) to pay the fees, the full responsibility to pay remains with me.</li> <li>I understand and accept that if any fee or charge remains unpaid beyond the time specified in the Fee Policy, my child's enrolment may be forfeited, the debt passed to a Debt Collection Agency, and I will be responsible for any costs incurred in this process.</li> </ul>
Privacy Act	<ul style="list-style-type: none"> <li>The information requested in this Enrolment Agreement Form is needed by the Preschool to comply with statutory requirements to enable the Preschool staff to contact you or to ensure the appropriate education and care of your child. We are obliged by Government regulations to keep these records for at least seven years.</li> </ul>
Parking, escorting and sign-in of my child	<ul style="list-style-type: none"> <li>I agree that when dropping my child off at the centre, I will park in the area designated and will escort my child into the building and advise a Teacher of my arrival, before leaving my child in the centre's custody.</li> <li>I will advise a Teacher before taking my child from the Centre.</li> <li>I will sign my child in on arrival and out on departure daily.</li> <li>I understand and accept that it is a condition of enrolment that children driven to and from the Centre must travel in a child's car seat or restraint in accordance with Traffic Regulations.</li> </ul>
Children's needs	<ul style="list-style-type: none"> <li>I agree that I will provide all necessary extra items that my child requires while at the Preschool (ie: lunch, fruit, nappies, baby wipes, medication when required, sun hat and extra clothing for messy play).</li> <li>In summer months, I will apply sunscreen to my child before I bring them to preschool and I authorise staff to apply sunscreen supplied by the preschool, or my child's own sunscreen, after lunch.</li> </ul>
Consent to ICT	<ul style="list-style-type: none"> <li>I agree to using or being involved with the use of Information Communications Technology as part of the learning environment.</li> </ul>
ATWC's website and promotional material	<ul style="list-style-type: none"> <li>I give permission for my child's image to be used on the ATWC's website.</li> <li>I understand that these images will be available on the World Wide Web and will be viewed by visitors to the website.</li> <li>I agree to my child being photographed/videoed for advertising and promotional materials for the Preschool and ATWC.</li> </ul>

I have read and understood and agree to the above Terms and Conditions.

**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_