

Enrolment Agreement



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. 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

* Information about acceptable identity verification documents is available online at

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

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

verification

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

Enrolment Agreement

Parents/Guardians:						
Given names:	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:					
Emergency Contacts:						
Given names:	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:					
Doctor:						
Name:	Phone:					
Address:						
Medical Information: (Chronic illnesses or medical conditions): (Please record details of all special health needs):						
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 number of hours:
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						

Privacy Statement: All personal information on your child will be kept securely and remain confidential.
Any changes to this form **must** be signed and dated by the parent/guardian.

Enrolment Agreement

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of 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 not enrolled at another early childhood institution at the same times that he/she is enrolled at: Burnham Country Montessori

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Custodial Statement

Are there any custodial arrangements concerning your child?

If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)

Person/s who cannot pick up your child:

Name:

Name:

Name:

Name:

Person/s who can pick up your child:

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

Enrolment Agreement

Given names:	Given names:
Surname/family name:	Surname/family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Given names:	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):

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verifications of all immunisations)	
Immunisations record sighted and details recorded:	<i>Tick One</i> 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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service : Please tick	
<ul style="list-style-type: none"> ▪ Arnica Cream 	<ul style="list-style-type: none"> ▪ Antiseptic liquid or wipes
<ul style="list-style-type: none"> ▪ Bepanthen Cream 	<ul style="list-style-type: none"> ▪ Calendula
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

Enrolment Agreement

Individual health plan completed and signed:	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: ____ / ____ / ____

Required Information for Licensing Purposes	
I give permission for my child to leave Burnham Country Montessori in the company of staff on walking excursions as part of Burnham Country Montessori programme. This is used for field trips. Centre Ratios would be adhered to at all times.	YES/NO
I give permission for my child to be photographed or videoed for child or centre profile books and or centre displays.	YES/NO
I give permission for my child's photographs to be used for Burnham Country Montessori promotional and advertising mediums.	YES/NO
I give permission for staff to make written observations of my child while participating in the programme for purpose of assessment and programme planning.	YES/NO
I give permission for my child to be taken to an alternative location in the event of an emergency, e.g. civil defence post.	YES/NO
I give permission for the centres sunscreen lotion to be applied to my child or I will provide my own sunscreen lotion to be used on my child. WILL SUPPLY OWN	YES/NO YES/NO
I give permission for staff to apply basic first aid and to change his/her soiled/wet clothing/nappy when necessary.	YES/NO
▪ :	

Other information
<ul style="list-style-type: none"> ▪ Policy Statement: Burnham Country Montessori 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 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.
<ul style="list-style-type: none"> ▪ Parent Information Book: 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.
<p>I agree that I will pay fees fortnightly in advance, which will be non-refundable, and will give A minimum of two weeks notice if I wish to reduce my booking or three weeks if I wish withdraw my child from the Centre.</p> <p>I agree to pay a non-refundable enrolment fee of \$35.00 to reserve my childs booking.</p>

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

Enrolment Agreement

I understand my child must attend the hours that I have applied for. I agree to pay fees as per the fees schedule for the time booked whether my child attends or not, including statutory holidays and sick days.

I agree to pay the full fee if a statutory holiday falls on a day that my child would normally attend.

I understand that a 50% discount will apply for holidays taken, providing that two weeks notice is given in advance. A maximum of 4 weeks holidays can be taken in any year.

I agree to pay a 15 % penalty on any invoice that is outstanding for 3 weeks.

I acknowledge that my child's booking can be cancelled if fees remain outstanding after Four weeks.

I agree to pay any costs incurred by Dept Collection Agencies should the account Remain unpaid.

I acknowledge that Burnham Country Montessori will be closed for two weeks over the Christmas period and that I will not be charged for this period.

I agree to pay a late fee for my child if they are left at the centre after by booked time. The fee is \$5.00 per 5 minutes.

I will not enrol my child at another Early Childhood Education facility for the same hours Of attendance at Burnham Country Montessori

▪

Parent Declaration

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

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

Service Declaration (For Office use only)

On behalf of **Burnham Country Montessori** I declare that this form has been checked and all relevant sections have been completed.

Name: _____ Postiion: _____ Date: ____ / ____ / ____

Signature: _____

For Office Use Only:

Entered on to APT: _____ Date: _____

Actioned by: _____ Date: _____

Enrolment Fee paid: _____ Date: _____