

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:
Official Identification document/s sighted by staff:		
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	Staff Initials:
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____		
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:		
◆ Privacy Statement:		
We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.		
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:		
<ul style="list-style-type: none"> • for funding allocation purposes • for monitoring purposes • to allow the assignment of a National Student Number* to your child, and • 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. 		
Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.		

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* 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 www.nzqa.govt.nz/login/national-student-number-nsn/

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.

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:

Additional Emergency Contacts (also able to pick up child):	
Given names:	Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Additional person/s who <u>can</u> pick up your child:	
Given names:	Given names:
Surname/family name:	Surname/family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone:	Phone:

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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:

Doctor:

Name:

Phone:

Address:

Medical Information: (Chronic illnesses or medical conditions):

(Please record details of all special health needs):

Health

Illness/allergies:

Is your child up-to-date with immunisations?

Tick One

Yes

No

(Please provide verifications of all immunisations)

Immunisation record sighted and details recorded:

Tick One

Yes

No

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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	
<input type="checkbox"/> Arnica Cream	<input type="checkbox"/> Antiseptic liquid or wipes
<input type="checkbox"/> Bepanthen Cream	<input type="checkbox"/> Calendula
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 is prepared by other adults at the service.	
I acknowledge that written authority from a parent is to be given at the beginning to 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.	
For staff: Individual health plan sighted, and a copy taken:	<i>Tick One</i> 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: ____/____/____

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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 <u>this service</u>						Total hours:
20 Hours ECE at <u>another service</u>						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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> ▪ 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 Burnham Country Montessori	
Parent/Guardian Signature: _____ Date: ___/___/___	

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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 and/ or videoed for individual and group learning assessments 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	YES/NO
OR I will provide my own sunscreen lotion to be used on my child.	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
I have read and understood the food/health guidelines as set out by Ministry of Health around the food choking hazards for children under 5 years of age. Please follow the link below or a copy can be obtained from the office.	YES/NO
https://www.health.govt.nz/system/files/documents/publications/reducing-food-related-choking-babies-young-children-early-learning-services-dec20.pdf	

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"> ▪ Learning Assessments: Story Park is the service that the preschool uses to record and share children's learning, development, and aspirations. Along with individual stories, BCM staff write children's group stories. Can your child be included in BCM group stories? YES/NO
<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 to withdraw my child from the Centre.</p> <p>I agree to pay a non-refundable enrolment fee of \$50.00 to reserve my child's booking.</p> <p>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.</p> <p>I agree to pay the full fee if a statutory holiday falls on a day that my child would normally attend.</p> <p>I understand that a 50% discount will apply for holidays taken, providing that two weeks' notice is given in advance. A maximum of three weeks holidays can be taken in any year.</p>

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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 their 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 **YES/NO**

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: _____ Position: _____ Date: ____/____/____

Signature: _____

For Office Use Only:	Signed:	Date:
Entered on to Info Care:		____/____/____
Enrolment Fee paid:		____/____/____
Added to Story Park:		____/____/____
Food guidelines emailed to parents:		____/____/____
Enrolment form sighted by relevant Head Teacher		____/____/____