

Enrolment Agreement Form

ST MARYS PRESCHOOL



Child:

Child's first names:

Surname:

Preferred name:

Child's date of birth:

Male

Female

Child's home address:

Post Code:

Ethnic origin: (tick)

- | | | | |
|---------------------------------|--|---|--|
| <input type="checkbox"/> Maori | <input type="checkbox"/> Tokelaun | <input type="checkbox"/> Fijian | <input type="checkbox"/> Chinese (incl. Taiwanese) |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Tongan | <input type="checkbox"/> Cook Is Maori | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Peoples | <input type="checkbox"/> South East Asian | <input type="checkbox"/> Middle Eastern, Latin American, African |
| <input type="checkbox"/> Indian | <input type="checkbox"/> NZ European | <input type="checkbox"/> Other European | <input type="checkbox"/> Other (ethnicity not stated) |
- Iwi your child belongs to:

Is there anything else we should know about your child's ethnicity, religion or culture so we can ensure the best cared and understanding?

Parents / Guardians:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Emergency Contacts / Authority to Collect:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Custodial Statement:

Are there any custodial arrangements concerning your child?

Yes

No

If yes, please supply a copy of the court order/legal documents for our records

Child Medical Information:

Doctors Name:

Medical Facility:

Address:

Phone:

Allergy or medical conditions:

Immunisation certificate supplied: Yes (please ensure a copy of your child's immunisation certificate is attached)

Enrolment Terms and Conditions

ST MARYS PRESCHOOL

I wish to enrol my child.....at the St Marys Preschool and agree to the following conditions:

Children's needs

- I agree that I will provide all necessary extra items that my child requires while at the St Marys Preschool (i.e lunch, drink, nappies, medication when required, sun hat and extra clothing for messy play)

Regulations

- I am aware that there is a copy of the Preschool Charter available to read on request
- I am aware that all Preschool policies and procedures are available on request
- I am aware that I am required to sign my child in and out on the attendance register, daily
- I am aware that I am required to sign my child's monthly attendance records once a month
- I have read and agreed to the Preschool policy on sleep monitoring

Health and Safety

- I will keep my child home when he/she is sick or has infectious illnesses
- I give consent for Preschool staff to administer medication from a registered practitioner that is supplied by myself, and must be recorded in the medical register, and verbally explained to the head teacher or preschool staff
- In the case of an emergency, I authorise the Preschool to obtain medical assistance and that my child may be transported, by car, for urgent medical attention and understand that all cost will be met by myself
- I authorise staff to apply sunscreen supplied by the Preschool or my child's own when needed
- I agree to pick my child up from the Preschool if my child becomes unwell during the day within one hour of being notified

Enrolment

- I confirm that my child is not enrolled at any other childcare centres / preschools

Fees

- I agree to pay the Preschool's fee policy and have read and signed the attendance and fee agreement

Trips and Excursions

- I agree for my child to be taken on walks outside and within walking distance from the Preschool
- I understand that I will be advised of any trips requiring transport and that I will be required to complete a permission form before my child is taken on these; and will be taken under the Preschool's excursion policy

Observations

- With regards to the privacy act, I agree / disagree that photos, videos and observations of my child may be taken for the purpose of keeping a portfolio folder for my child and that the use of these by staff and students of the Preschool during training for early childhood education

Clothing

- I accept that care will be taken by the Preschool in the care of my child's clothing, and I understand that the Preschool will not be accountable for lost items.
- I will ensure that my child's clothing is named, and I will check the lost property on a regular basis

Charter, Education Review Office, and policies

- Copies of these are displayed in the Preschool. I agree to take the time to read through these important documents

Collection of my child

- I understand the Preschool's opening and closing hours. I agree to phone the Preschool if I am going to be late, and I agree to pay any late fees that may be charged

The Privacy Act

- The information is needed in this form, by the Preschool, to comply with statutory requirements to enable staff to contact you to ensure care and education of your child. We require these records to be kept for seven years

I undertake to adhere to the requirements of these terms and conditions and I also take responsibility for the payment of fees on time. I undertake that failure to comply with these requirements of the Preschool could lead to my child's exclusion from the Preschool

Signed parent/guardian:..... Date:.....

Name:.....

Signed staff member:..... Date:.....

Name:.....

Fee and Attendance Agreement

ST MARYS PRESCHOOL

Child's full name:.....

Start date:..... Est. end date:.....

Please indicate the drop off and pick up times:

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

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:

- 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
- 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: ____ / ____ / ____

Subsidy

- I have applied for subsidy ofhours per week starting on the
- I understand that I 'm responsible for the full fee payment until my subsidy approval has been granted by WINZ
- If and when the subsidy approval has been granted I understand that my account will be credited accordingly
- I understand that I am responsible for all matters relating to childcare subsidy applications and renewals

Weekly Fees

- I understand and agree to ensure that all fees will be paid one week in advance at all times
- I am aware of the Preschools licensing hours and I will be charged \$5.00 for every five minutes I am late
- I agree to give two weeks notice when cancelling my child's booking
- Children who are enrolled but not attending the Preschool are required to pay full fees for days absent. This includes public holidays and school holidays and ensures the enrolment is kept open.
- There will be no fees charged during the Christmas/New year period when the Preschool will be closed

Parent / guardian name:.....Parent / guardian sign:.....Date:.....

Staff member name:.....Staff member sign:.....Date:.....

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

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Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
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For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

