

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: dd / mm / yyyy

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Religious/cultural or other considerations:

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 verification document of each child who is enrolled at the service.

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Parents / Guardians:**1. Given names:****Surname / family name:**

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

2. Given names:**Surname / family name:**

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

Occupation:

Occupation:

3. Given names:**Surname / family name:**

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

4. Given names:**Surname / family name:**

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

Relationship to child:

Additional person/s who can pick up your child:**Given names:****Surname / family name:**

Address:

Post Code:

Phone (Home):

Phone (Work):

Given names:**Surname / family name:**

Address:

Post Code:

Phone (Home):

Phone (Work):

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:

Health:

Doctor's Name:	Phone:
Medical Centre:	

Illness/allergies:

Is your child up-to-date with immunisations? *Tick One* Yes No

(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded: *Tick One* Yes No

Medicine

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 does the medicine need to be taken: (State time or specific symptoms)

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

◆ 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 Wanaka Preschool.

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

◆ **Statutory Holidays / Term Breaks**

This enrolment agreement is inclusive of school term breaks. The Preschool will be open for the school term breaks. Prior booking is essential for attendance during school term breaks and you will be charged normal fees. There is no charge if you have not made a booking.

The Preschool will be closed for all statutory holidays.

Parental Permission

Excursions: Children may be taken for short excursions in groups by teachers, with no more than 8 children per adult. All other excursions will require written permission and for motor transport will comply with regulations 29a of the Traffic Regulations 1976. *Tick One*

Yes No

Photo/video: I give permission for my child to be photographed/videoed and his/her name and age used for publicity for the Centre, Centre website, display at the Centre, group or individual records or for the purpose of research or assignments. *Tick One*

Yes No

Other information

- **Community based, non-profit:** All profits are used to pay day to day expenses and resources for children. We are governed by a committee made up of parent volunteers who are nominated at the AGM. We welcome additional parent assistance and encourage anyone interested to join the committee.
- **Fund raising:** In order to cover funding shortfall and keep fees as low as possible we supplement our income with annual fund raising events. These require parent participation and support.
- **Policy Statement:** Wanaka Preschool 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.
- **Parent Information:** Please ensure you have read the information in the parent sheet as it covers such things as fee details, and ways in which we can help you and your child settle into the service. Depending on your family circumstances you could be entitled to a subsidy towards childcare fees from Work and Income (WINZ). Contact information is on the parent sheet.
- **Fees:** The current fee schedule is set out in the parent sheet, fees are due within 7 days of invoice date. All costs incurred in the collection of overdue accounts will be payable by the debtor.
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential. Relevant information may be shared with your child's nominated primary school.
- **Transitional School Visits:** Information on transition arrangements for the local primary schools, are available from the Centre Manager.

Primary School your child will be attending: _____
I give permission for the Preschool to share information regarding your child with the primary school or opt out. (please circle if you want to opt out)

◆ 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

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

Service Provider 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: ____ / ____ / ____