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| A picture containing drawing, game  Description automatically generated Enrolment Agreement Form  |
| **⧫ Privacy Statement:** |
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| *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).* *Additionally, all Privacy statements must include the exact wording below:* 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: * 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 [National Student Number (NSN) » NZQA](https://www.nzqa.govt.nz/login/national-student-number-nsn/)*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*](https://www.education.govt.nz/early-childhood/funding-and-data/early-learning-information/questions-and-answers/national-student-numbers-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.*** |
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| **⧫ Child’s details:** |
| Official surname or family name:  | Official other names / middle names: |
| Official given name: |  |  |
| Primary residential address: Post Code: |
| Copy of official identity verification document\* collected by staff: |
| ❑ New Zealand birth certificate ❑ New Zealand passport❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Foreign birth certificate❑ Foreign passport**Staff initials**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Child’s date of birth: d d / m m / y y y y |  Male Female  |
| Immunisation records sighted, and details recorded by staff: Yes No  |
| Child’s ethnic origin/s: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | Iwi your child belongs to:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | Language/s spoken at home:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Parents / Guardians:** |
| **1. Given names:** | **2. Given names:** |
| **Surname / family name:** | **Surname / family name:** |
| Address: Post Code | Address: Post Code: |
| Landline: | Landline: |
| Mobile | Mobile |
| Email: | Email: |
| Relationship to child: | Relationship to child: |
| Occupation: | Occupation: |
| Authorisation contact through: Email or Financial or Text |

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| **Additional Emergency Contacts (person/s who can pick up your child):** |
| Given names: | Given names: |
| Surname / family name: | Surname / family name: |
| Relationship to child:  | Relationship to child: |
| Address:  | Address:  |
| Mobile | Mobile: |
| **Custodial Statement**  |
| Are there any custodial arrangements concerning your child? Yes No 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**: |

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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 | Fee: |
| 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_  |

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| **⧫ Child’s doctor:** |
| Name: | Phone: |
| Name of medical centre: |
| Address of Medical centre: |

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| **⧫ Health** |
| **Please note that St Johns Montessori has a comprehensive Illness, Accident and Incident Policy as well as An Administering Medicines Policy. Please ensure you have read these documents and are familiar with their contents. Please also familiarise yourself with the infectious diseases chart at** [**http://www.healthed.govt.nz/resource/intectious-diseases**](http://www.healthed.govt.nz/resource/intectious-diseases) **so you are aware of childhood illnesses and their symptoms and when exclusion may be required.**  |
| **Illness/allergies**: If your child has an illness or allergy, does your child have a medical action plan or require medication for this condition? Yes No**If yes, please provide an action plan** |
| **Cultural food preferences**:Does your child have any dietary requirements? Yes No If **yes**, please help us understand further by explaining if it is a cultural or religious condition, personal preference or related to allergy or intolerance: |
| Is your child up to date with immunisations? Please verify. Yes No  |

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| **⧫ 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?Yes No  |
| 2. Is your child receiving 20 Hours ECE at any other services? 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.
* Your 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 here.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |
| 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 St Johns Montessori.  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Medicine** |

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| **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**:  |
| * Arnica Cream – Anti-Flammed soothing herbal relief crème from Nature’ Kiss
 |   Antiseptic Cream – Savlon cream |
|  |   Sunscreen – Ultra protect spf 50+ from Auscreen, SPF 50+ moisturising sunscreen from Sungard, Sunscreen from Countdown |
| Parent/Guardian Signature: Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **Category (ii) Medicines** |
| Category (ii) medicines are prescription (such as antibiotics, eye/ear drops, 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 of 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: 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **⧫ Required Information for Licensing Purposes***Parents Please Read & Sign* (please tick each box to show you have read it, or answer each statement as applicable) |
| * I will sign the daily register and enter the correct time I drop off and pick up my child each day.
* I am aware that a late fee of $15 per hour or part hour thereof will be charged within operating hours plus $1 per minute outside of operating hours if I am late in collecting my child.
* I agree to bring my child to the centre only if he/she is well.
* I will notify the centre if my child is going to be absent.
* I give my consent for the centre manager or staff at the centre to seek medical advice for my child’s well-being and transport by ambulance for medical attention if necessary.
* I am aware that: Fees are payable the week prior to attendance based on the current fee schedule; deductions are not available for absences or statutory holidays; a late payment surcharge of 10%, and interest at 2% per month for each month or part thereof for any amounts that are outstanding, plus any collection costs will be payable & added to my account.
* **Excursions**: My child has my permission to participate in regular excursions to Colin Maiden Park with other children and appropriate staff ratios. Ratios of Adult: Child .1:3 for children under three & 1:4 for children over 3. Parents will be notified of any planned trip, please refer to our Excursion Policy. Risk assessment of regular excursion is available at the centre. Please sign below that you have sighted the risk assessment.

 Parent/Guardian signature: ……………………………… Date:………………..* I am aware that St Johns Montessori have set Policies and Procedures and I may read these and give my comments regarding these and will be invited to regularly as part of the centres policy review schedule. I agree to abide by these policies and procedures and understand I can review them at any time.
* I agree that staff may apply sunscreen to my child as per sun protection Policy
* **Photos/video:** As part of the planning process and to document learning, we gather artwork and photos of all children. I agree that my child may have his/her photo taken as well as be included in

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| * StoryPark Group Stories
 | ⬜ Yes | ⬜ No |   |  |
| * StoryPark Community Posts
 | ⬜ Yes | ⬜ No |  |  |
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I give permission for the use of photos and names to be used on the St.John Montessori’s Facebook page, website and use for St Johns Montessori’s material.

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| ⬜ Yes | ⬜ No |

Parent/Guardian Declaration: ………………………. Date:……………………..* I will not take photos of other children in the centre on my phone or other device without prior permission from a staff member.
* I am aware that a minimum of two weeks’ notice, in writing is required should I wish to change my child’s arrangements with the centre (this includes withdrawal of my child from the centre).
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| **⧫ Parent Declaration** |
| **I declare that all the above information p1-4 is true and correct to the best of my knowledge.** **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_** |

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| **⧫ Service Declaration** |
| On behalf of St Johns Montessori, I declare that this form has been checked and all relevant sections have been completed. Service Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| **Please Tell Us How You Heard About Us: (Please Circle)** |
| Word of Mouth/ Website/ Internet Search/ Drive By/ Street Signage/ Friend/ Sibling Enrolled/ Advert |

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| **Change of Days/Times of Enrolment:** |
| **Effective Date of Change:** \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |
| Days Enrolled: | Monday | Tuesday | Wednesday | Thursday | Friday | Fee: |
| 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 | Fee: |
| 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |