



St Johns Montessori

Enrolment Agreement Form

◆ 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: eli.education.govt.nz

◆ 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:			
<input type="checkbox"/> New Zealand birth certificate		<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport		<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____		Staff initials: _____	
Child's date of birth: dd / mm / yyyy		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Immunisation records sighted, and details recorded by staff:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Child's ethnic origin/s: _____ _____	Iwi your child belongs to: _____ _____	Language/s spoken at home: _____ _____	

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

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 StatementAre 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:****◆ 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: ___/___/___

◆ 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.
- 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 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.

◆ Child's doctor:

Name:

Phone:

Name of medical centre:

◆ 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> 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

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

◆ 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.

This centre uses:

- Arnica Cream, Antiseptic cream, Savlon Cream

Do you approve category (i) medicines to be used on your child?

Yes No

Parent/Guardian Signature: _____

Date: ____/____/____

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 <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>Parents Please Read & Sign</i> (please tick each box to show you have read it, or answer each statement as applicable)
<input type="checkbox"/> I will sign the daily register and enter the correct time I drop off and pick up my child each day. <input type="checkbox"/> 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. <input type="checkbox"/> I agree to bring my child to the centre only if he/she is well. <input type="checkbox"/> I will notify the centre if my child is going to be absent. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> I understand that if children go on an excursion from the centre with staff from St Johns Montessori, I will sign a separate approval form. <input type="checkbox"/> I give my permission for my child to go on walks to Colin Maiden Park with staff from St Johns Montessori (under the conditions stated in the service's excursions policy). <input type="checkbox"/> 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. <input type="checkbox"/> I give permission for my child to have sun block applied by centre staff. <input type="checkbox"/> I give permission for my child to have his/her photo/video taken for centre use only. This may include displays in centre, programme planning, learning stories, group stories, hard and soft copy portfolios (accessible only by teachers and persons authorised by you). <input type="checkbox"/> 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).

◆ 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: ____ / ____ / ____

◆ 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: ____ / ____ / ____

Please Tell Us How You Heard About Us: (Please Circle)

Word of Mouth/ Website/ Internet Search/ Drive By/ Street Signage/ Friend/ Sibling Enrolled/ Advert

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:
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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: ____ / ____ / ____