



Enrolment Agreement Form

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:			
<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"/>
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____	
Child's primary residential address: _____			
Post Code:			

Privacy Statement
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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.</p> <p>You can find more information about national student numbers at: eli.education.govt.nz</p>
<p>* Information about acceptable identity verification documents is available online at eli.education.govt.nz</p> <p>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p>

Any changes to this form **must** be signed and dated by the parent/guardian.

Parents / Guardians	
1. Given names:	2. 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:
Relationship to child:	Relationship to child:

Additional Emergency Contacts (also able to pick up child)	
If we are unable to contact you please provide names and numbers of immediate family members/friends to be contacted in an emergency.	
1. Given names:	2. 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:
If you would like to authorise more people, please provide their details on the back of this page.	

Additional person/s who can pick up your child:	
The following people are authorised to collect my child from the preschool	
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):
Relationship to child:	Relationship to child:
If you would like to authorise more people, please provide their details on the back of this page.	

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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:

Name:

Name:

Name:

Name:

Child's doctor

Name:

Phone:

Name of medical centre:

Health

Please detail any illnesses or allergies:

For staff: Illness/Allergies sighted and details recorded:

Tick One

Yes

No

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

- I authorise staff at Little Sweethearts Montessori to take necessary action, as deemed appropriate at the time, in the event of my child having a medical emergency at school.
- I understand that I will be asked to collect my child from school if staff feel he/she is too ill to stay.
- I understand that if I am called upon to collect my child I will need to do so immediately.
- I agree to abide by the school policy regarding safety of children who I bring to or collect from the school.

If you have an additional request to be actioned in the event of a medical emergency regarding your child at school, please provide details below.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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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.

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 the service:

- | | | | | | |
|--|-----------------|-----|--------------------------|----|--------------------------|
| • Arnica cream (for bruises) | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Betadine (antiseptic spray for wounds) | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Stingoos (insect bites and stings) | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Burn cool Zinc (sunburn) | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Zinc & Castor Oil (nappy rash) | <i>Tick One</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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 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: *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: ____ / ____ / ____

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Other Information

Please give details of which primary school your child may attend and at what age.

Do you give permission for:

Your child to take part in regular excursions (under the conditions stated in the excursion policy)? Yes / No

Your child to be photographed and/or videoed for the purposes of assessment, planning, evaluation, parent education events and marketing? Yes / No

Your child to be observed by visitors (eg students) and notes taken? Yes / No

Yours and your child's names and phone numbers to be given out to other parents or children within the school? Yes / No

Policies

Little Sweethearts Montessori has a number of policies that set out the procedures in place for the care and education of your child. We strongly urge you to read these. The signing of this Enrolment Agreement indicates that you will abide by the policies of this service and understand how you can have input into policy review. You will find the following policies included with your enrolment pack; Settling Your Child, Health and Safety, Positive Guidance, Sick Child and Excursion.

Parent Information Book

Please ensure that you have read the information in the enclosed Parent Information Book as it covers our practises in detail and outlines ways in which we can help you and your child settle into the Little Sweethearts Montessori family

Privacy

All information regarding your child will be kept securely and remain confidential.

Charges and Session Times

Please refer to the latest Charges Schedule for details of current charges and session times.

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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 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 Little Sweethearts Montessori.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. Unless I choose to withdraw my child's enrolment, fees are payable for any day my child is enrolled.

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

Trial Period

I acknowledge that _____ enters Little Sweethearts Montessori on a 3 week trial. After that trial period, one month's written notice is required prior to leaving. If one month's notice is not given I will be charged the equivalent in fees/optional charges. I enclose the \$50 enrolment fee and understand that this also covers the cost of a school t-shirt and hat that my child will receive during their introductory session.

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

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 Little Sweethearts Montessori, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____/____/____

 *Thank you for your interest in Little Sweethearts Montessori.* 

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