

◆ 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: d d / m m / y y y y

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

How did you hear about our centre: _____

Only those persons who are named on your enrolment form are permitted to take your child from the preschool, unless your written permission is given. If the person collecting your child is not known to the staff on duty, they will be asked for identification, before your child is handed over.

◆ 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 2020. 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.

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:
3. Given names:	4. 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 person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child	Relationship to child

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 <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:
Name:	Name:

Additional Emergency Contacts (also able to pick up child):	
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):
Relationship to child	Relationship to child
3. Given names:	4. 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
Is there any other information that you would like to share with us so we can meet the needs of your child at our preschool? _____	
Parents Occupations (voluntary) _____ / _____	

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

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.	
Do you approve category (i) medicines to be used on your child? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
▪ Arnica	▪ Paw Paw ointment
▪ Sunblock	▪ Antiseptic wipes
▪ Betadine	▪ Plasters/Bandage
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: <i>Tick One:</i> 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: ____ / ____ / ____

Health Policy
Owing to the risk of infections we are unable to care for sick children. Please read the St Albans Community Preschool Health Policy (attached) and abide by it's guidelines and listed infectious diseases that require your child to be kept at home.
When a child has diarrhoea or vomiting they are excluded from the St Albans Community Preschool for 48 hours from the last episode.

Health Policy (cont'd)

If it is necessary to contact you as your child has become unwell whilst at the Centre, please make every effort to collect your child as soon as possible. While waiting for you, your child will be kept isolated from others but will still be in constant supervision and care.

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 St Albans Community Preschool.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

St Albans Community Preschool fees

On enrolment there is a bond of \$50.00 to be paid. This bond is refundable when the child leaves the preschool as long as fees are paid. The Bond must be paid on the first day of the child's attendance. Fees are to be paid one week in advance

Full fees are charged during term school holidays if your child is not attending.

I understand that my child's attendance at the preschool is conditional upon fee payments being kept current and in credit. I have read & understand the Fees information.(attached)

Attendance fees are **\$7.00 per hour**, payable weekly in advance. If you are eligible for ECE hours our fees are applied after your **ECE hours of 6 hours per day**.

Administration fee of \$20 per child per year. This is added to your accounts in February each year.

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

Late Fees

- A late fee of \$10.00 every 15 minutes when your child is in the centre beyond their booked times without the prior knowledge of the preschool..
- 2 weeks notice is to be given in writing on leaving the centre. Full fees are charged for this notice period.
- Any debit we will place in the hands of a debt collecting agency and the parent/caregiver will be responsible for any outstanding fees and administration costs that this incurs.
- On enrolment, I agree to pay all fees a week in advance.
- I understand that I shall pay full fees for sickness and holiday absences taken of my own volition.

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

WINZ – Child Care Subsidy

- I understand that I am responsible for paying my fees in full until my WINZ subsidy is approved.
- I understand that I am responsible for any fees not covered by my subsidy.
- I agree to accept the conditions of St Albans Community Preschool in accordance with the Fees Policy.
- Invoices will be e-mailed or printed out and left for collection.
- The preferred method of payment is by direct debit. We do not have eftpos facilities and limited cash.
- Our bank details are: Westpac – 03-1704-0017702-000
- **Please note all fees and optional charges are subject to change by our Board of Governance, and notified 3 months in advance.**

I understand this is a legal and binding contract:

Parent/ Guardian Signature: _____

Optional Charges

1. The optional charge of \$5.00 per week is for:
 - Healthy eating promotion to ensure we always have shared fruit for all children
 - To enable us to maintain a more than 80% registered teacher ratio – this ensures that your child is getting the high-quality education and care that we pride ourselves on.
2. I understand that if I agree to pay for the optional charge, St Albans Community Preschool may enforce payment.
3. The agreement to pay the optional charge will last for my child's time at Preschool. I may review this annually.
4. The rules for making changes to the agreement are:
 - A formal letter to management confirming that you no longer wish to pay the Optional Charge.
5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
6. **I agree/ do not agree (select one)** to pay the optional charge for the activities/ items specified in this enrolment agreement form.

Parent/Guardian Signature:----- Date:-----

Authorisation Form

- I understand in an emergency Centre staff will apply immediate first aid as deemed necessary for the protection of my child while he/she is in their care. I understand that this includes calling the doctor named on the enrolment form, implementing the doctor's instructions, calling an ambulance, and /or transporting my child to a hospital or clinic if they are unable to contact me to obtain consent.

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

- I give permission for my child to go on walks in the local area or between the St Albans Community Preschool and the library and / or park when appropriate, in the company of staff with the appropriate ratio's of 1:3 for U'2 and 1:6 for O'2. However for all other excursions my specific permission for each such excursion will be required for short outings from the Centre.

Tick One

Yes

No

- I understand that the Centre staff are required to observe my child/children while attending the Centre, these observations are recorded and are used in programme planning to meet the individual needs of my child/children.
- I understand that the Centre staff members, are required to photograph my child while attending the Centre, and these photographs will be recorded within the centre and in my child's/children's profile book.
- I understand that Early Childhood students, on placement at the Centre, may be required to observe and photograph my child/children while attending the Centre and record these observations/photographs in their assignments.
- I understand that the Centre staff will approach me directly for permission to use any images of my child/children on the St Albans Community Preschool website or advertising material.
- I understand that any photographic or video images I as a parent/guardian might take at Centre events will not be used inappropriately.

Tick One

Yes

No

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

- I understand that situations may arise that lead to the emergency closure of the Centre. Some events such as loss of power or water, may lead to the Ministry of Education requiring us to close. On rare occasions when extreme weather conditions may also force the Centre to close. In the event of such an emergency closure it will be necessary for you to collect your child from the Centre. Full fees are payable for up to three days if the centre is subject to emergency closure.

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

◆ Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks.

St Albans Community Preschool is not open on the any public holidays if they fall on a weekday.

St Albans Community Preschool closes over the Christmas Holiday period, the centre will advise you of these dates each year.

General Information

- Policy Statement:** St Albans Community 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. Policy folder can be viewed on request.
- Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.
- Transitional School Visits:** Information on transition arrangements.
- Correspondence School Enrolment:** Details of enrolment agreement.

Declaration – please circle what does apply

- I understand I am required to sign my child in and out of the centre daily. Yes / No
- I agree to my child being observed, photographed, evaluated by teachers and records kept for individual, group and centre planning Yes / No
- I give permission for my child's name and photo to be published in such things as a St Albans Community Preschool newsletter, notice or display. Yes / No
- I understand I can view the centre policies and procedures and know where they are held in the centre. . Yes / No
- In the event of more serious accident or illness when a contact cannot be reached I authorise centre staff to transport my child to the Innes Road Medical Centre, medical costs incurred will be the responsibility of the parent. . Yes / No
- I give permission for Hearing and Vision test to be carried out with my child At St Albans Community Preschool. Yes / No
- I understand my child may be taken to an alternative location in the event of an Emergency. EG Civil Defence location Mairehau High School Yes / No
- I will **not** bring my child to preschool with any signs of illness, especially where there is a chance that the illness will be passed onto another child. E.g Chicken Pox, Conjunctivitis, dysentery, hepatitis, acute cold, whooping cough, salmonella, Meningitis, school sores, human foot and mouth. My child will be free from symptoms For 48 hours before returning to the preschool. Yes / No
- I understand and agree to the fees charged as per the fee schedule current at the time of attendance . Yes / No
- I understand that if fees are not paid, the debt will be passed to a debt collection agency for collection. You will be responsible for payment of any charges that are incurred as a result of the action taken. . Yes / No
- I understand the centre has the right to discontinue a child's enrolment in certain Situations E.g unpaid fees. . Yes / No
- I understand that some information in the enrolment form will need to be shared with Other staff. . Yes / No

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 St Albans Community Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

Hourly Rate \$7.00 per hour. Minimum of 3 hours per session

If the roll is not full there may be times when session times can be reduced at the Centre Managers discretion. This will only be available whilst rolls are not at capacity.

The preschool does not accept cash payments please pay the amounts owed to the fee account **Westpac 03 - 1704 – 0017702 – 000**

Weekly Fees at Start date: _____ \$

One week payment in advance paid \$

Bond payment paid \$