



Meadowbank Plunket Preschool Enrolment Agreement Form

7 Meadowbank Road
Meadowbank
Ph: 09 5219065
plunket.preschool@xtra.co.nz

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:

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

Parents / Guardians:

1. Given names:

Surname / family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Occupation:

Email:

Relationship to child:

2. Given names:

Surname / family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Occupation:

Email:

Relationship to child:

3. Given names:

Surname / family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Occupation:

Email:

Relationship to child:

4. Given names:

Surname / family name:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Occupation:

Email:

Relationship to child:

Email Address:

Please provide an email address for the Parent Portal for Receiving newsletters, account details and your Child's achievements

Email: _____

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:
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):
Email:	Email:

Parent Declaration
In the event of accident or emergency, I authorise the Preschool to seek such advice or treatment as it deems necessary in the best interests of my child.
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

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

Health
Illness/allergies/Dietary requirements:
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 in accordance with the Medicine Administration Policy of the Preschool.

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**:

▪

▪

▪

▪

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: ____ / ____ / ____

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	Total hours:
Times Enrolled:						

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 [insert name of service].

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

Statutory Holidays

This enrolment agreement is **inclusive** of school term breaks. (i.e. the preschool does not close for school holidays). The preschool will close over the Christmas/New Year period and no fees will be payable for the period of this closure.

Fees and Enrolment

I acknowledge that:

- An extra fee of \$25 per quarter hour or part there-of will be charged if times to deliver or collect my child are not adhered to.
- Fees are to be paid two weeks in advance by automatic or electronic payment.
- The centre does not accept cash, cheques or eftpos.
- If in arrears by more than two weeks a reminder will be given. If the fees arrears are not current by the 20th of the following month my child's enrolment may be forfeited. At this point the debt will be placed in the hands of a Debt Collection Agency. I accept responsibility for all legal and administrative costs incurred in this process.
- I will give a minimum of two weeks' notice before the termination of my child's enrolment. If a lesser notice is given I am still liable for the final two weeks fees.

Signed Parent/caregiver 1: _____ Date: ____ / ____ / ____

Signed Parent/caregiver 2: _____ Date: ____ / ____ / ____

Required Information for Licensing Purposes

Excursions:

In signing this enrolment form I give permission to take my child on excursions from the preschool under staff supervision. You will be advised of the Adult/Child ratio prior to each excursion as this will vary according to circumstances, minimum 1:1 (for excursions near water) to maximum 1:5.

I give permission for my child to go on short local outings/walks with an adult/child ratio of 1:5

Parent Signature: _____ Date: ____ / ____ / ____

Photo/video:

- Permission for the child to be photographed for the purposes of assessment, planning and evaluation.

Parent Signature: _____ Date: ____/____/____

- The children are given a DVD of their time in the centre that has photos of their peers playing alongside them.

Parent Signature: _____ Date: ____/____/____

- Meadowbank Plunket Preschool has a Facebook page if your child's face will appear in a photo we will ask for prior approval before posting the photo otherwise only the outline will be shown.

Parent Signature: _____ Date: ____/____/____

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Meadowbank Plunket 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.
- **Induction Pack:** Please ensure you have read the information in the Induction 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.

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 Meadowbank Plunket Preschool, I declare that this form has been checked and all relevant sections have been completed.

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