



Enrolment Agreement Form

Browns Bay Preschool

MoE Nr: 20024

07/16

Child's details:

NAME OF CHILD: M ☐ or F ☐

DATE OF BIRTH:

ETHNICITY:

☐ NZ European/Pakeha ☐ NZ Maori. Please indicate with which Iwi you affiliate your child (if known)

☐ Other European ☐ Pacific Islands: (please specify)

☐ Asian: (please specify): ☐ Other (Please specify)

LANGUAGES SPOKEN AT HOME:

Copy of official identity verification document* collected by staff:

☐ Foreign birth certificate

☐ Foreign passport

☐ New Zealand birth certificate

☐ Other

☐ New Zealand passport

Staff initials:

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:

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 person/s who can pick up your child:

Given names:

Given names:

Surname / family name:

Surname / family name:

Address:

Address:

Post Code:

Post Code:

Mobile:

Mobile:

Phone (Work):

Phone (Work):

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 (Work):			Phone (Work):			
Phone (Mobile):			Phone (Mobile):			
Enrolment details:						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled: STATE HOURS e.g. 7.30-4pm						Total hours:
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours Please Note: 20 Hours ECE is for up to six hours per day, up to 20 hours per week						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
20 Hours ECE Attestation:						
Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?						Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child receiving 20 Hours ECE at any other services?						Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:						
<ul style="list-style-type: none"> ▪ 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 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 Browns Bay Preschool.						
Parent/Guardian Signature: _____			Date: ____ / ____ / ____			

Child's doctor:			
Name:		Phone:	
Name of medical centre:			
Health			
Illness/allergies: <i>Please refer to note regarding food allergies and lunches</i>			
Is your child up-to-date with immunisations?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
For staff: Copy of Immunisation records received		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medicine			
Category (i) Medicines 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.			
Name/s of specific category (i) medicines that can be used on my child, provided by service: Eucalyptus oil or equivalent Y/N Nappy rash ointment/powder Y/N Arnica Y/N Antiseptic liquid or ointment Y/N Bonjella Y/N Insect bite ointment Y/N Other: (please specify)			
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.			
Parents must complete the medicine chart at the beginning of each day if 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. Teachers will sign this document when the medicine has been administered.			
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.			
Does your child use an asthma inhaler? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify.....			
For staff: Individual health plan sighted and a copy received:		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: ____ / ____ / ____	

Permission - Important - Please read carefully	
I, the parent of(child's name):	
Will personally notify the centre staff in advance if anyone different from the persons named above will be collecting my child from the centre. Please circle YES/NO	
Give permission for my child to take part in local outings and excursions when supervised by the staff of the centre. I will be asked to sign a permission slip for planned excursions. I understand that if any excursion requires a vehicle, all appropriate laws regarding correct seats and seat belts will be adhered to. I will give written consent for an excursion involving transportation in a vehicle. I agree to the child/adult ratio as per the outing policy for spontaneous or planned excursions. Please circle YES/NO	

Photo/video: I give permission for my child to be photographed or videoed for the purposes of assessment, planning and evaluation. Please circle YES/NO	
Photo/video: I give permission for my child to be photographed or videoed while at the centre by students and teachers and that these may be used for educational purposes such as educational publications, seminars etc. Please circle YES/NO	
Website/Facebook: I give permission for photographs of my child to be used on your website/Facebook or other literature such as parent booklets/newspaper articles. Please circle YES/NO	
I understand that I will need to provide lunch for my own child, if my child has multiple allergies or food intolerances . <i>(As we do not have a commercial kitchen at our preschool, we are unable to cook multiple meals. We are happy to discuss your child's dietary needs and work with you so that your child can still have the enjoyment of our nutritious "home-cooked" meals, but would appreciate your assistance. We will provide morning and afternoon tea which will be appropriate for your child.)</i> Please circle YES/NO	
Parent's name:	Signature:
Date:	

I understand that the following points signed by myself constitute a contract between the centre and our family. I have read and understand the following points:

1. I have received and understand the parent information which was emailed. I accept all the policies and procedures of the centre (including the payment and fee policy) and am aware that a parent information folder is available and a complaints procedure is in place. As part of the fee structure of the pre-school i am aware that charges are payable over and above the 20 hour ece subsidy. I am aware that i have an opportunity to view and offer feedback on all reviewed policies.
2. I understand that Browns Bay Pre-school will review their agreement to offer 20 ECE hours monthly and will retain the right to withdraw from the scheme at any time
3. I agree to pay fees at the current rate of one full week in advance and to give two weeks' notice before withdrawing my child from the centre. I understand that fees will be charged in lieu of notice if i do not meet these criteria.
- 4. I agree to pay two weeks' fees on the day my child commences his/her enrolment at browns bay pre-school, to ensure fees are always one week in advance.**
5. *I understand that fees will be charged for statutory holidays and absences.*
6. *I understand that there will be a maximum of three weeks charged at 50%of your child's normal weekly fee for a full week of absences due to illness or holidays.*
7. *No discounts are offered for children who are absent for individual days.*
8. I will not bring my child to the centre if they are ill or display any symptoms as outlined in the parent information folder.
9. In the event of an accident or emergency, i authorise the centre to seek such advice or treatment as it deems necessary in the best interest of my child. I accept responsibility for any expenses incurred in obtaining such treatment.
10. I will notify the centre if my child will be absent or if I require any change in their enrolled hours.
11. I give permission for this child to be taken to an alternative location e.g. civil defence centre in the event of an emergency situation.
12. I will inform management immediately of any changes of personal details or enrolment details relating to this enrolment form

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 Browns Bay Preschool, I declare that this form has been checked and all relevant sections have been completed.			
Service Provider Signature: _____		Date: ____/____/____	
Enrolment Details:			
Date of Enrolment: ____/____/____		Date of Entry: ____/____/____	
		Date of Exit: ____/____/____	
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