

Enrolment Agreement Form – 12A Cross Street, Drury. – 2947125.



Child:

Child's first names:	Surname:				
Name your child is known by:					
Child's date of birth:	<table border="1"> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Ethnic origin:					
Iwi your child belongs to:					
Child's home address or addresses:					
Postcode					

Parents / Guardians:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Emergency Contacts: (other than parents/guardians listed above)

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Ph: (Hm):	Ph: (Hm):
Ph: (Wk): Mob:	Ph: (Wk): Mob:
Email:	Email:

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

Doctor:	
Name:	Phone:
Address:	

◆ Enrolment Details:						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:

Date of Enrolment: ____ / ____ / ____ Date of Entry: ____ / ____ / ____ Date of Exit: ____ / ____ / ____

Please complete for 20 ECE hours ONLY. (If not, go to Dual Enrolment)

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.

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	
20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of 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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> 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. ▪ 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: ____ / ____ / ____	

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◆ Optional Charges:	
1. The optional charge is for: (please give details of specific activities or items)	
<ul style="list-style-type: none"> ▪ All food ▪ Stationary, contact books, etc 	
2. I understand that if I agree to pay for the optional charge, Scholars Preschool may enforce payment.	
3. The agreement to pay the optional charge will last for the duration of 20 ECE hours.	
4. The rules about making changes to the agreement are:	
<ul style="list-style-type: none"> ▪ 30 days in which to change your mind ▪ 	
5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.	
6. I agree/do not agree (<i>select one</i>) to pay the optional charge for the activities/items specified in this enrolment agreement form	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

◆ Dual Enrolment Declaration	
I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Scholars Preschool, Drury.	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

◆ Statutory Holidays / Term Breaks	
This enrolment agreement is inclusive of school term breaks.	
Scholars Preschool is NOT open on any Statutory Holidays	

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 cannot pick up your child:	
Name:	Name:
Name:	Name:

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Person/s who can pick up your child:			
First Names:		First Names:	
Surname:		Surname:	
Address:		Address:	
Post Code:		Post Code:	
Ph: (Hm):	Wk:	Ph: (Hm):	Wk:

Health – Illness/Allergies			
Please state if your child/ren has any allergies. (Food, medicines etc)			
Is your child up-to-date with immunisations?		<i>Tick One</i> Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please provide verifications of all immunisations)			
Immunisations record sighted and details recorded:		<i>Tick One</i> 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:			
▪ Pamol	▪ Arnica Cream		
▪ Nappy Rash powder /Zinc and castor cream	▪ Robi-comb hair (for nits).		
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			
Individual health plan completed and signed:		<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: ____ / ____ / ____	

Required Information for Licensing Purposes

- Excursions: Children will be given the opportunity to par-take in short excursions around the community. These will be mainly to the local Park and walks around the block to the petshop, dairy or post office. Adult:child ratios will be maintained at all times.
- Permission for the child to take part in regular excursions (under the conditions stated in the excursions policy)
- Photo/video: permission for the child to be photographed for the purposes of assessment, planning and evaluation.

Other information

- **Policy Statement:** Scholars 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.
- **Parent Information Leaflet:** Please ensure you have read the information in the parent leaflet 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.
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences

◆ 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 [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

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

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
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: ____ / ____ / ____						

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