

# Enrolment Agreement



## Child:

Child's first names:

Surname:

Name your child is known by:

Child's date of birth:

Male

Female

Ethnic origin:

Languages spoken at home:

Iwi your child belongs to:

Religious/cultural considerations:

## 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:

Occupation:

Occupation:

## Emergency Contacts:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

## Health:

Doctor:

Phone:

Illness/allergies:

Food restrictions:

Is your child up-to-date with immunizations:

YES/NO

| <b>Category (iii) Medicines</b>  |        |         |                              |                      |        |  |
|--|--------|---------|------------------------------|----------------------|--------|--|
| 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: ____/____/____ |        |  |
|  |        |         |                              |                      |        |  |
| <b>Enrolment Details:</b>  |        |         |                              |                      |        |  |
| Date of Entry: ____/____/____  |        |         | Date of Exit: ____/____/____ |                      |        |  |
| Days enrolled:   | Monday | Tuesday | Wednesday                    | Thursday             | Friday |  |
| Times enrolled:  |        |         |                              |                      |        | Total number of hours:   |
|  |        |         |                              |                      |        |  |
| ◆ <b>Term Breaks</b>   |        |         |                              |                      |        |  |
| The Preschool will be open for one week of each of the three school term breaks. Prior booking is essential and you will be charged normal fees. There is no charge if you have not made a booking. The Preschool will be closed for all statutory holidays. |        |         |                              |                      |        |  |
| ◆ <b>Dual Enrolment Declaration</b>  |        |         |                              |                      |        |  |
| I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at: Wanaka Preschool.  |        |         |                              |                      |        |  |
| Parent/Guardian Signature: _____   |        |         |                              | Date: ____/____/____ |        |  |
| <b>Custodial Statement</b>   |        |         |                              |                      |        |  |
| Are there any custodial arrangements concerning your child?  |        |         |                              |                      |        |  |
| If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)  |        |         |                              |                      |        |  |
|  |        |         |                              |                      |        |  |
| <b>Person/s who cannot pick up your child:</b>   |        |         |                              |                      |        |  |
| Name:  |        |         | Name:                        |                      |        |  |
| <b>Person/s who can pick up your child:</b>  |        |         |                              |                      |        |  |
| First Names:   |        |         | First Names:                 |                      |        |  |
| Surname:   |        |         | Surname:                     |                      |        |  |
| Phone (Home):  |        |         | Phone (Home):                |                      |        |  |
| Phone (Work):  |        |         | Phone (Work):                |                      |        |  |
|  |        |         |                              |                      |        |  |

## Parental Permission

Excursions: Children may be taken for short excursions in groups by teachers, with no more than 8 children per adult. All other excursions will require written permission and for motor transport will comply with regulations 29a of the Traffic Regulations 1976.

Tick One

Yes

No

Photo/video: I give my permission for my child to be photographed/videoed and his/her name and age used for publicity for the Centre, Centre website, display at the Centre, group or individual records or for students to use in assignments only.

Tick One

Yes

No

## Other information

- **Community based, non-profit:** All profits are used to pay day to day expenses and resources for children. We are governed by a committee made up of parent volunteers who are nominated at the AGM. We welcome additional parent assistance and encourage anyone interested to join the committee.

**Fund raising:** In order to cover funding shortfall and keep fees as low as possible we supplement our income with two annual fund raising events. These require parent participation and support.

- **Policy Statement:** Wanaka 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:** Please ensure you have read the information in the parent sheet as it covers such things as fee details, and ways in which we can help you and your child settle into the service. Depending on your family circumstances you could be entitled to a subsidy towards childcare fees from Work and Income (WINZ). Contact information is on the parent sheet.
- **Fees:** Current fee schedule is set out in the parent sheet, fees are due within 7 days of invoice date. All costs incurred in the collection of overdue accounts will be payable by the debtor.
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.
- **Transitional School Visits:** Information on transition arrangements, including Sky Bridge, are available from the Senior or Head Teacher

Primary School your child will be attending: \_\_\_\_\_

## ◆ Parent Declaration

I agree to the above and declare that all the information is true and correct to the best of my knowledge

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ◆ Service Declaration

On behalf of Wanaka Preschool I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Child's Name:

| Change of Days/Times of Enrolment:                 |        |         |           |          |        |       |
|--|--------|---------|-----------|----------|--------|-------|
| Effective Date of Change: ___/___/___              |        |         |           |          |        |       |
| Days Enrolled:                                     | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:                                    |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>       |        |         |           |          |        |       |
| 20 Hours ECE at this service                       |        |         |           |          |        |       |
| 20 Hours ECE at another service                    |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ___/___/___ |        |         |           |          |        |       |
| Change of Days/Times of Enrolment:                 |        |         |           |          |        |       |
| Effective Date of Change: ___/___/___              |        |         |           |          |        |       |
| Days Enrolled:                                     | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:                                    |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>       |        |         |           |          |        |       |
| 20 Hours ECE at this service                       |        |         |           |          |        |       |
| 20 Hours ECE at another service                    |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ___/___/___ |        |         |           |          |        |       |
| Change of Days/Times of Enrolment:                 |        |         |           |          |        |       |
| Effective Date of Change: ___/___/___              |        |         |           |          |        |       |
| Days Enrolled:                                     | Monday | Tuesday | Wednesday | Thursday | Friday |       |
| Times Enrolled:                                    |        |         |           |          |        | Total |
| <b>For 20 Hours ECE fill out boxes below</b>       |        |         |           |          |        |       |
| 20 Hours ECE at this service                       |        |         |           |          |        |       |
| 20 Hours ECE at another service                    |        |         |           |          |        |       |
| Parent/Guardian Signature: _____ Date: ___/___/___ |        |         |           |          |        |       |

## Child's Name:

### ◆ 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ◆ Optional Charges:

1. The optional charge of \$1 per ECE hour is for:

- Additional staff beyond the minimum regulated child:adult ratios
- Higher percentage ECE qualified and registered teaching staff than required

2. I understand that if I agree to pay for the optional charge, Wanaka Preschool may enforce payment.

3. The agreement to pay the optional charge will last for the term of this agreement or until reviewed.

4. Should you decide to change this agreement, simply notify the office in person or in writing.

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** (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please Note:** 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and no compulsory fees will be charged for children receiving 20 Hours ECE funding.

|                 |        |         |           |          |        |                        |
|-----------------|--------|---------|-----------|----------|--------|------------------------|
| Days Enrolled:  | Monday | Tuesday | Wednesday | Thursday | Friday |                        |
| Times Enrolled: |        |         |           |          |        | Total number of hours: |

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

|                                 |  |  |  |  |  |                        |
|---------------------------------|--|--|--|--|--|------------------------|
| 20 Hours ECE at this service    |  |  |  |  |  | Total number of hours: |
| 20 Hours ECE at another service |  |  |  |  |  | Total number of hours: |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

