

Enrolment Agreement Form

Thank you for choosing to enrol your child at Montessori STARS



◆ 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:

Official Identification document/s sighted by staff:

- New Zealand birth certificate Foreign birth certificate
 New Zealand passport Foreign passport
 Other _____

Staff initials: _____

Child's date of birth: dd / mm / yyyy

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:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).

Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry: *for funding allocation purposes, *for monitoring purposes, *to allow the assignment of a National Student Number *to your child, and to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11. Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at:

[National Student Numbers \(NSN\) – Education in New Zealand](#) The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

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Any changes to this form must be signed and dated by the parent/guardian.



♦ Parents / Guardians:			
1. Given names:		2. Given names:	
Surname / family name:		Surname / family name:	
Address:		Address:	
Post Code:		Post Code:	
Phone (Home):	(Work):	Phone (Home):	(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):	(Work):	Phone (Home):	(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):

♦ 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:

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♦ Additional Emergency Contacts (also able to pick up your child):			
1. Given names:		2. Given names:	
Surname / family name:		Surname / family name:	
Address: _____ Post Code: _____		Address: _____ Posy Code: _____	
Phone (Home): _____ (Work): _____		Phone (Home): _____ (Work): _____	
Phone (Mobile): _____		Phone (Mobile): _____	
Email: _____		Email: _____	
3. Given names:		4. Given names:	
Surname / family name:		Surname / family name:	
Address: _____		Address: _____	
Phone (Home): _____ (Work): _____		Phone (Home): _____ (Work): _____	
Phone (Mobile): _____		Phone (Mobile): _____	
Email: _____		Email: _____	
♦ Child's doctor:		Name of Medical Centre:	
Doctor's Name: _____		Phone: _____	
♦ Health A gentle reminder that we are a NUT FREE centre (incl. tree nuts). Please check packaging & consider all ingredients for baking/cooking and packet food.			
Illness/allergies: Is your child up-to-date with immunisations? (Please provide verification of all immunisations)		Tick One	Yes <input type="checkbox"/>
			No <input type="checkbox"/>
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? Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name/s of specific category (i) medicines that can be used on my child, provided Montessori STARS			
★ Arnica for Bruising (Weleda Arnica Cream)		★ Antihistamine Cream for Insect Bites (Anthisan)	
★ Sun Screen (Smart 365 SUN SPF50+)		★ Antiseptic Cream for Open Wounds (Savlon)	
★ Insect Repellant Spray (Areogard) Oderless Protection			
Parent/Guardian Signature: _____			Date: ____/____/____

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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.
All booking changes require 4 weeks written notice.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:

For 20 Hours ECE fill out boxes below with the hours attested, eg up to 6 hours or less per day only

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

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

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♦ **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 Montessori STARS.

Parent/Guardian Signature: _____

Date: ____/____/____

♦ **Optional Charges: Montessori STARS do not have optional charges, please see Info Pack for Donations**

For further information on Optional Charges please refer to Chapter 4 of the ECE Education Funding Handbook.

Parent/Guardian Signature: _____

Date: ____/____/____

♦ **Statutory Holidays / Term Breaks** This enrolment agreement is **inclusive** of all school term breaks.

- If a public holiday falls on a day your child would normally attend the centre, full fees apply
- *Please note that holiday discounts are not available to children receiving 20 Hours ECE or WINZ childcare subsidies. Please check with Work and Income to see if you are eligible for a childcare subsidy. Full fees are payable until any subsidy is approved by WINZ
- Sick days are also payable in full; there is no provision for make-up days
- You are allegeable for 2 weeks holiday per year at 50% deduction provided two weeks notice is given and for all other holidays full fees apply

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★Permissions required for licensing purposes

★please cross out any statements you do not give permission for)

- **Excursions:** Permission for the child to take part in regular excursions (under conditions stated in Montessori STARS Excursions Policy).
- I give permission for my child to leave **Montessori STARS** in the company of staff and parent help on walking excursions as part of their programme, with a minimum ratio of 1:6.
- Information and permission slips will also be sought from parents/guardians prior to all planned excursions.
- **Photo/Video:** Permission for the child to be photographed for the purposes of assessment, planning and evaluation
- I give permission for my child’s photographs and videos to be used for **Montessori STARS** promotional and advertising medium, such as Facebook, Website and other advertising media.
- I give permission for staff to make written observations of my child while participating in the programme, for the purpose of assessment, planning and evaluation.
- I give permission for staff to apply basic first aid to my child and change my child’s clothes and nappy when required.
- I give permission for my own, and the centres, Sunscreen and Insect Repellent to be applied to my child.
- I give permission for my child to be taken to an alternative location in the event of an emergency, e.g. civil defence post.
- I give permission for my child’s hearing and vision to be checked as part of the B4 school check by the Ministry of Health - see more at <http://www.kidshealth.org.nz/hearing-and-vision-checks-pre-school-children>

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Policy and Procedure Statements:

- Montessori STARS has a number of policies to set out the procedures that are in place for the care and education of our children who attend. These policies can be viewed and comments made on our Educa online platform and also in a hard copy in the classroom, we strongly urge you to read these please.
- The signing of this enrolment agreement form indicates that you will abide by the policies of Montessori STARS, and understand how you can have input to our policy reviews.
- **Parent Information Brochure:** Please ensure you have read the information in the Parent Information Brochure as it covers such things as fee details, Winz subsidies that are available to you, choking hazards and ways in which we can help you and your child settle into our kind caring community at Montessori STARS.

▪ **Checklist Items:**

- | | |
|--|----------|
| ★ Birth Certificate or Passport , sited for correct spelling | Yes / No |
| ★ Immunisation Certificate, sited | Yes / No |
| ★ Enrolment fee of \$100.00 paid | Yes / No |
| ★ Legal Papers if required, eg. Custody Papers included | Yes / No |

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- **Your child's strengths, interests, preferences and other:**
- Please tell us about your child's strengths, interests challengers and preferences.

- **Transitional School Visits:**
- Whānau requests for Information on transition arrangements.

★ **We would love to know, where did you hear about us please?**



◆ 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 Montessori STARS, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ___ / ___ / ___

★ For Office Use Only

Ceased Enrolment Details:

Date Enrolment Ceased: ___ / ___ / ___

Three weeks' notice in writing received and Account finalised

Yes / No

Account referred to Baycorp

Yes / No

ANY ADDITIONAL NOTES PLEASE:

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