

Enrolment Agreement Form
Leaps and Bounds Montessori
85 Johns Road, Rangiora

Open every day including school holidays but excluding Public Holidays.

◆ 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:

- | | |
|--|--|
| <input type="checkbox"/> New Zealand birth certificate | <input type="checkbox"/> Foreign birth certificate |
| <input type="checkbox"/> New Zealand passport | <input type="checkbox"/> Foreign passport |
| <input type="checkbox"/> 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: eli.education.govt.nz

* Information about acceptable identity verification documents is available online at eli.education.govt.nz

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

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:
3. Given names:	4. 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:
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:

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

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:
3. Given names:	4. 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:

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

Health	
Illness/allergies:	
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"/>

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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 :	
▪ Sunscreen	▪ Sudocrem
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: <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: ____ / ____ / ____	

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◆ 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	
Times Enrolled:						Total hours:
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 <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: ___ / ___ / ___	

◆ 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 Leaps and Bounds Montessori.

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

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

Leaps and Bounds Montessori is open all school term breaks and closed down for all public holidays.

Required Permissions and Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).
I give permission for my child to be taken on short walks around the local community at a ratio of 1 teacher to 4 over 3 year olds and 1 teacher to 2 under 3 year olds. All short walks will be within 3 kms of Leaps and Bounds Montessori.

I understand that I will be required to give written consent for any other excursion.

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

- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation. Written permission will be sought for the collection of photographs for any other reason.

From time to time we capture lovely photos of your children and would like the opportunity to use these in our marketing and promotional materials. Please read below and sign one of the following options so that we can either use them or respect your wishes not to use any photos/video that includes your child.

Childs Name _____ **Date** _____

I **do** give permission for photographs or film to be taken of my child. I understand that these images may be used in the future by the preschool for promotional and/or educational purposes. These may include use on websites and Facebook.

Signed _____ Name _____

Childs Name _____ **Date** _____

I **do not** give permission for photographs or film of my child to be used by the preschool for promotional and/or educational purposes.

Signed _____ Name _____

- **Required Information for medical Treatment:**

I give permission for my child to be given basic first aid treatment by the centre teachers and my child to be taken to an alternative location in an emergency (e.g. Civil Defence Sector). I agree to my child being taken by an ambulance in an emergency situation and I accept responsibility for any expenses incurred in obtaining treatment for my child.

I give permission for teachers to administer medicine provided that I have given written instructions which duplicate the original label on the medicine. I give teachers my permission for teachers to seek medical advice as teachers think necessary in the child's best interest.

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

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Understanding of an unwell child: I understand that I will not bring my child to the centre with any sign of illness or infectious illness where there is a chance that the illness will be passed onto another child. For example, chicken pox, conjunctivitis, dysentery, mumps, rubella, acute cold.

In the case of vomiting and dysentery my child will be free from symptoms for 48 hours before returning to the centre.

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

**Other information to include on this Enrolment Agreement Form:
Terms and conditions for Leaps and Bounds Montessori Preschool:**

▪ **Policy Statement:** Leaps and Bounds Montessori 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 Book:** Please ensure you have read the information in the parent information booklet 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.

▪ **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.

▪ **Fee Schedule:**

I have read and I understand, and I agree to the fees charged as per the fee schedule. I take full responsibility for the payment of the fees charged. I agree to pay the fees weekly on time.

I understand the preschool has the right to change the fees charged and will give sufficient notice of any changes.

I understand the centre has the right to discontinue a child's enrolment for non-payment of fees.

I understand that should an account remain unpaid; the debt will be passed to a debt collection agency for collection. I understand I will be responsible for payment of any charges that are incurred as a result of this action being taken.

▪ **Holidays:** I understand that if I fill in a holiday form and provide the centre with 2 weeks' notice then I will be eligible for half fees when on holiday. I understand that if I do not provide 2 weeks' notice and a written holiday form then fees will be charged at full charge.

▪ **Sick Days:** Are charged at full charge.

▪ **Keep the centre informed:** I agree to keep the centre informed of any changes in the details provided on this enrolment form. For example, telephone numbers, address and people that are able to pick up my child.

▪ **Withdraw of a child:** I will provide the centre with three weeks' notice, in writing if I am to remove my child from the roll.

▪ **Change of booked hours:** I will provide the centre with one week's notice, in writing on an application for a change of booking form if I wish to change my child's booked hours/days. I understand that this is just an application for a change of booking and it will be determined by spaces available.

▪ **Adults who can pick up my child:** I will notify the preschool if anyone other than the people listed on the enrolment form are to collect my child in an emergency. I understand that the children will not be released to anyone without written permission.

▪ I have read and agree to accept the terms of the enrolment as set out as above.

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

◆ 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 Leaps and Bounds Montessori, 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: ____ / ____ / ____

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: ____ / ____ / ____

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

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: ____ / ____ / ____			

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