

Enrolment Agreement Form



Enrolment Information, **20 Hours ECE** Enrolment hours and Attestation Information
Any changes to this enrolment agreement form **must** be signed and dated by you, the parent/guardian.

Phone 03 313 6733 **Fax** 03 313 6743 **Email** info@fernsidepreschool.co.nz
207 O'Roarkes Road, Fernside, Canterbury, New Zealand. **Postal** PO Box 509, Rangiora



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 know by / preferred name:

Surname / family name:

Given name:

Copy of official identity verification document* collected by staff:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

New Zealand birth certificate

New Zealand passport

Other:

<input type="checkbox"/>
<input type="checkbox"/>

Foreign birth certificate

Foreign passport

Staff initials:

Child's date of birth: ____ / ____ / ____

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: www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents
The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

Privacy Statement: All personal information on your child will be kept securely and remain confidential.
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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:
Relationship to child:	Relationship to child:
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:
Relationship to child:	Relationship to child:
Emergency Contacts (Must be different to 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:
First Names:	
Surname:	
Address:	
Post Code:	
Phone (Home):	
Phone (Work):	
Phone (Mobile):	
Email:	

Doctor:						
Name:			Phone:			
Name of Medical Centre:						
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 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: ____/____/____						

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	No
2. Is your child receiving 20 Hours ECE at any other services?		
	<i>Tick One</i> Yes	No
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: ____/____/____		

Statutory Holidays / Term Breaks
<p>Fernside Preschool is not open on public holidays if they fall on a weekday. No fees are charged to parents when the centre is closed.</p> <p>Fernside Preschool does not close during primary or secondary school holidays.</p>

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 Fernside Preschool

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

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:

Person/s who can pick up your child:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

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

Does your child suffer from any illness or allergies?

Tick One

Yes

☐

No

☐

- If YES, please give more details including the name and symptoms of the illness or allergy

Do you choose to immunise your Child?

Tick One

Yes

☐

No

☐

If YES, is your child up-to-date with immunisations?

Tick One

Yes

☐

No

☐

(Please provide verifications of all immunisations)

Immunisations record sighted and details recorded:

Tick One

Yes

☐

No

☐

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.

Do you approve category (i) medicines to be used on your child?

Tick One

Yes

☐

No

☐

Tick each box of the category (i) medicines that can be used on your child, **provided by the service**:

☐ Arnica Cream

☐ Antiseptic Liquid

☐ Insect Bite Treatment

☐ Saline Solution

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

Category (ii) 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:

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: ____/____/____

Required Information for Licensing Purposes

Excursions

I give my permission for my child to take part in regular excursions (under the conditions stated in the excursions policy)

Tick One

Yes

☐

No

☐

Photo/video

I give permission for my child to be photographed for the purposes of assessment, planning and evaluation

Tick One

Yes

☐

No

☐

Other information

- **Policy Statement:** Fernside 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 Book:** Please ensure you have read the information in the parent handbook 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.
- **Enrolment Conditions:** Acceptance of enrolment of my child at this service is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment.
Management reserves the right to terminate enrolment or vary the conditions at their discretion.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences:

Parent Fee Payments:

Payment of Parent Fees is 2 Weeks in advance, as set by the Centre Parent Fees Policy. Please set up an Automatic Payment for this amount. Non Payment of Fees without an Agreed Repayment Arrangement with the Centre will result in this enrolment at Fernside being terminated. Should the Centre deem it necessary to involve a debt collection agency to recover unpaid fees, the full debt collection costs will be added to your account and be payable by you.

Parent Declaration

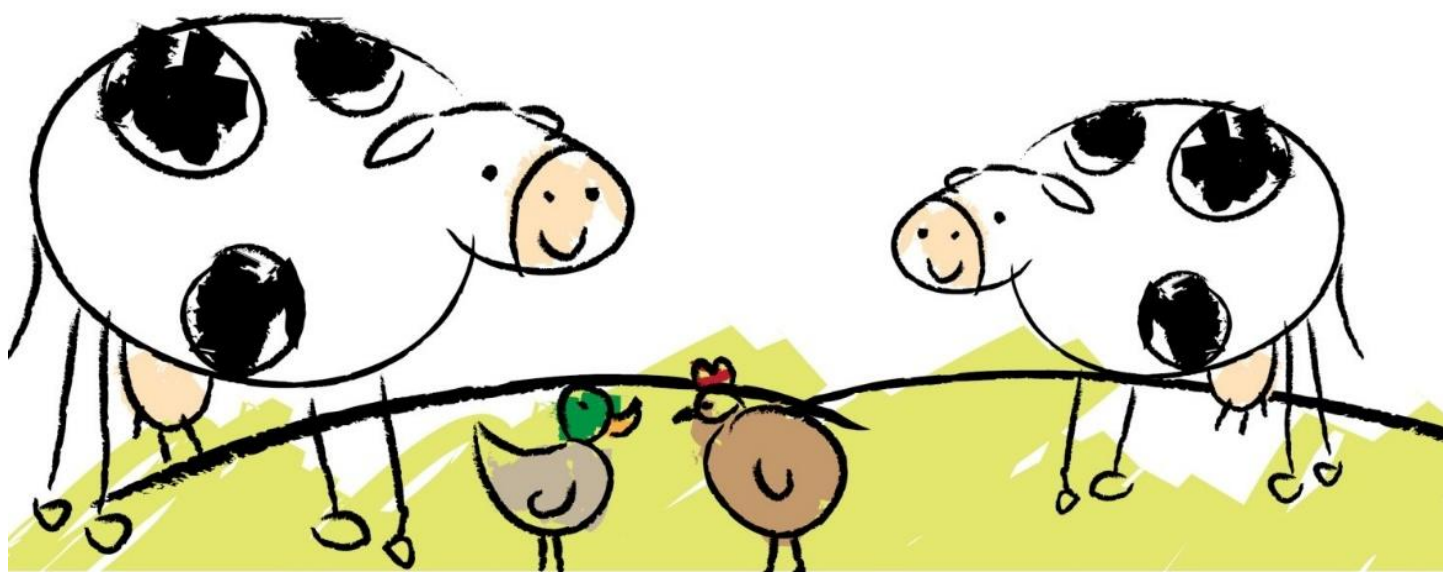
I declare that all the above information is true and correct to the best of my knowledge

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

Service Declaration

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

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



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