



Enrolment Agreement Form

WELCOME TO PAUANUI PRE-SCHOOL!

Please ensure you have read the information in the enrolment information pack 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.

Please fill out one enrolment form per child and return to the administrator with the following:

- Birth certificate for each child.
- Immunisation record for each child.

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:

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:

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.

Parent Declaration:

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

Parent Signature: _____ Date: _____

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:						
Name						Name
Address:						Address:
Post Code:						Post Code:
Phone (Home):						Phone (Home):
Phone (Mobile):						Phone (Mobile):
Doctor:						
Name:						Phone:
Address:						
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 <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: ___/___/___						

Quality Education Surcharge – For children enrolled in 20 hours ECE only.

Pauanui Pre-School provides education and care at a much higher level than required by the Ministry of Education Early Childhood Regulations. In order to continue to provide these additional resources we request a donation of \$1.25 per hour (up to 20 hours maximum \$25 per week) for children enrolled in 20 hours ECE. Please read and indicate below if you agree to pay this optional charge.

1. The optional charge is for:

- a. Provision of morning tea baking
- b. Subsidised excursions and visiting performers
- c. Transport to school visits.
- d. Sunscreen
- e. High teacher to child ratios
- f. Funds E-Portfolio - Storypark

2. I understand that if I agree to pay for the optional charge, Pauanui Pre-School may enforce payment.

3. The agreement to pay the optional charge will last for the length of enrolment at Pauanui Pre-School.

4. The rules about making changes to the agreement are:

- a. Application may be made in writing to cancel this agreement within 3 weeks of first signing.
- b. Application may be made in writing to HOLD this agreement for a period due to financial hardship.

5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.

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: ____/____/____

Statutory Holidays / Term Breaks

Pauanui Pre-School closes over the summer period for approximately 4 weeks. During this time no fees will be charged. You may apply for a holiday application of up to 3 weeks during the year whereby no fees will be charged and your enrolment space will be kept open. For more information please see our administrator.

Pauanui Pre-School is NOT open on the following public holidays if they fall on a weekday. Fees are charged on public holidays.

New Years Day, Day after New Year's Day, Waitangi Day, Good Friday, Easter Monday, ANZAC Day, Queen's Birthday, Labour Day, Christmas Day, Boxing Day, Auckland Anniversary Day.

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 Pauanui Pre-School

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:

Health

Illness/allergies:

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

Privacy Statement: All personal information on your child will be kept securely and remain confidential.

Medicine	
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: ____/____/____	
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.	
Rhino Repair – Oasis Beauty - Rhino Repair is an extremely powerful healing cream that can be used for everything from dry flaky skin, cracked heels through to nappy rash and itchy bites.	
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: OASIS BEAUTY RHINO REPAIR	
Parent/Guardian Signature: _____ Date: ____/____/____	

Required Information for Licensing Purposes	
<ul style="list-style-type: none"> Travel: In signing this enrolment form, I give permission for my child to travel with the Centre staff or adults authorised by the Head Teacher in a motor vehicle while in the care of the Centre. Such travel may be arranged for Centre excursions, emergency medical assistance, and transport to/from school or home. From time to time the centre may have spontaneous trips around the community such as to the shops, library, garden centre, skate park, playground etc. Please sign below that you give your permission for your child to attend such excursions. Photo/video: permission for the child to be photographed for the purposes of assessment, planning and evaluation. These images show various parts of the day and activities available at Pauanui Pre-School. Please tick here to allow permission for these to appear on Pauanui Pre-School's website/facebook page. <input type="checkbox"/> 	

Other	
<ul style="list-style-type: none"> Fees: Fees are payable whether your child attends the service or not. All invoices are due fortnightly following invoice unless otherwise arranged with our Administrator. You are welcome to set up weekly payments for fees (including the optional QES for those on FREE20). Any unpaid fees at the end of term MAY RESULT IN YOUR CHILD BEING EXCLUDED from our Centre. At this time, fees will be put in the hands of a debt collection agency with costs incurred being added to your outstanding fees account. We are here to help, so please come and see us if you need a payment plan for your fees. Policy Statement: Pauanui Pre-School 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 towards policy review. 	

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 Pauanui Pre-School, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____ Date: ____/____/____	

Privacy Statement: All personal information on your child will be kept securely and remain confidential.