



Enrolment Form

Little Sprouts Montessori Preschool
72 Domain Road, PO BOX 779,
Whakatane
Ph 3089155

Office Use Only

Enrol Fee _____

Pd Date: _____

Receipt No: _____

Actual Start Date: _____

Finish Date _____

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: _____

Child's Primary residential address: _____

Post code _____

Date of Birth: dd / mm / yyyy

Sex: **Male / Female**

Toilet Trained: **Yes / No**

Copy of official identity verification document* collected by staff:

New Zealand Birth certificate

New Zealand passport

foreign birth certificate

Foreign passport

Other

Sighted and copied, **Staff member** Name & Initials: _____

Child's Ethnic origin/s: _____

Iwi your child Belongs to: _____

Language/s spoken at home: _____

Any Behavioural Difficulties we may need to know about: _____

Other relevant information to the enrolment of your child: _____

If your child is attending or has previously attended another early childhood centre, please specify which and for how long: _____

Any Medical Conditions, known allergies, dislikes, fears, special needs that the school staff should know about?

Eg, ALLERGIES - Bees, FOOD ALLERGIES - Milk, Peanuts, SKIN ALLERGIES, MEDICAL - Epilepsy, Asthma etc, _____

Are all vaccinations up to date? (**Please provide us with a copy of your immunisation records**) **Yes / No**

Child's Doctor: _____ **Phone:** _____

Address: _____

Parent/Guardian Details

Parent/Guardian:

Name: _____
Address: _____
Occupation: _____
Phone: Home: _____
Cell: _____
Work: _____
Email: _____

Parent/Guardian:

Name: _____
Address: _____
Occupation: _____
Phone: Home: _____
Cell: _____
Work: _____
Email: _____

Emergency Contacts:

Name: _____
Address: _____
Phone: Home: _____
Cell: _____
Work: _____
Email: _____

Name: _____
Address: _____
Phone: Home: _____
Cell: _____
Work: _____
Email: _____

Is there anyone **NOT** authorised to collect your child: Name: _____

Other Children in Family:

Name: _____ Date of Birth: _____ School: _____
Name: _____ Date of Birth: _____ School: _____
Name: _____ Date of Birth: _____ School: _____

Enrolment Details:

Preferred start date: ___/___/___ 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 ECE funding.

Days Enrolled:

Mornings (8.30am-11.30am) Mon____ Tue____ Wed____ Thur____ Fri____

Lunches (11.30am-12.30pm) Mon____ Tue____ Wed____ Thur____ Fri____

Afternoons(12.30pm-3.30pm) Mon____ Tue____ Wed____ Thur____ Fri____

All Day (8.30 am ó 3.30 pm) Mon____ Tue____ Wed____ Thur____ Fri____

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

20 Hours ECE at

This service Mon____ Tue____ Wed____ Thur____ Fri____

20 Hours ECE at

Another service Mon____ Tue____ Wed____ Thur____ Fri____

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 Little Sprouts Montessori Preschool.

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 **Yes/No**

2. Is your child receiving 20 Hours at any other service **Yes/No**

If yes to either or both of the above, please sign to confirm that (a) Your child does not receive more than 20 hours of 20 hours ECE per week across all services. (b) You authorise the Ministry of Education to make enquiries regarding the information provided in the decisions about your child's eligibility for 20 Hours ECE.

(c) You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education service your child is enrolled at, about the information contained in this box.

Parent/ Guardian Signature: _____ Date ___/___/___

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.

ENROLMENT FORM CONTINUED

I/We have read, understand and agree to the following points:

1. I/We will sign the attendance roll book weekly.
 2. I/We will notify the school if anyone other than those listed overleaf is to pick up my child from the School and I/We understand that my child must be kept in the School until such permission is given.
 3. I/We will notify the school if my child is to be absent. I also understand that fees will still be charged for absence to retain my child's enrolled place. A Retainer Policy is in place (upon application) for extended absence.
 4. I/We will not bring my child to the school in the event of sickness or any infectious illness. (Eg Chicken Pox, Rubella, Hepatitis, Mumps, Measles, Scarlet Fever, Whooping Cough, Head Lice)
 5. I/We authorise the School to administer medication provided by me for my child (I will complete a separate Authorisation form each time for this) and in the event of an accident, to seek medical advice as the School may think necessary for my child's best interests. This may include (in case of serious emergency), my child being taken to the Accident and Emergency ward of the Whakatane Hospital.
 6. I/We give permission for my child to leave the School, in the company of staff for excursions, as per the conditions stated in the excursion policies.
 7. I/We will complete an Enrolment Alteration Form if any personal details change ie address, emergency information or if I/We require a change of sessions for my child.
 8. I/We agree to pay the set non-refundable enrolment fee of **\$50.00**, this is to secure my child's enrolment and/or to secure my child's place on the waiting list and to guarantee an active enrolment once a vacancy occurs. **(Please attach payment with this form)**.
 9. I/We agree and understand that all fees that are incurred will be paid on a weekly basis other than arranged with and approved with management, I/We understand that Work and Income subsidies maybe available to us.
 10. I/We understand that there is a once a year MANZ fee to pay of \$45
 11. I/We agree to that two weeks notice is given when withdrawing your child from the preschool.
 12. I/We give permission for photos or video footage to be taken of my child during their enrolment at the preschool, for the purposes of learning stories, teacher reports, teaching & for the purposes of advertising the preschool.
 13. **Policy statement:** Little Sprouts Montessori Preschool has a number of policies that set out the procedures that are in place for the care and education of 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 reviews.
- * I/We understand that all fees can be paid by Direct Debit - Do you wish to have this calculated for you? **YES/NO**
- * Are you applying for the Child care subsidy from Income Support? **YES/NO**
(A portion of the application form needs to be completed by Little Sprouts Montessori for this)
- * I/We give permission for photos to be used of our child for the purposes of advertising the preschool **YES/NO**
- * Do you have any special skills or hobbies you may want to share with the children/staff eg - Music, Arts & Crafts, Cultural, Languages, Woodwork, Health, etc. **YES/NO**
If so, please state: _____
- * Other resources or skills you can offer? _____
- * Other comments you would like to make? _____

I understand that in signing this contract, I accept the terms stated above and I accept the School's educational programs and any modifications deemed beneficial by the School. I also agree to the policy of the School that records and transcripts are confidential and will not be released unless an application has been made by the parent or guardian and that all accounts due have been paid in full. Furthermore, I agree that in the event of default in the payment of any instalment provided for in this contract, my child may not be allowed to continue classes and that the undersigned will be responsible for all legal fees and reasonable costs of collection for any outstanding amounts due under this contract, pursuant to the Fair Trading Act 1986.

Parent Declaration: I declare all information in this form is true and correct to the best of my knowledge.

Parent/Guardian Name: _____ Signature: _____ Date ___/___/___

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: Little Sprouts Montessori Preschool.

Parent/Guardian Name: _____ Signature: _____ Date ___/___/___

(Please Turn Over)

Centre Declaration: On behalf of Little Sprouts Montessori Preschool, I declare that this form has been checked and all relevant sections have been completed

Centre Manager/Supervisor

Name: _____ **Signature:** _____ **Date** ___ / ___ / ___