



**CHILD'S DETAILS**

Child's official surname: \_\_\_\_\_

Child's official given name: \_\_\_\_\_

Child's official other names/middle names: \_\_\_\_\_

**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 Certificates

New Zealand Passport

Foreign Passport

Other

**Staff Initials:** \_\_\_\_\_

Date of Birth      /      /       Female       Male

Child's primary residential address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Child's ethnic origin/s: \_\_\_\_\_

Iwi your child belongs to: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

**PARENTS / GUARDIANS:**

Custodial Parents     Both Parents     Mother Only     Father Only     Guardian

1. Title: Mr / Ms / Mrs / Dr

2. Title: Mr / Ms / Mrs / Dr

Surname/Family name: \_\_\_\_\_ Surname/Family name: \_\_\_\_\_

Given names: \_\_\_\_\_ Given names: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_



**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: \_\_\_\_\_

**Additional Emergency Contacts (also able to collect your child):**

1. Title: Mr / Ms / Mrs / Dr \_\_\_\_\_ 2. Title: Mr / Ms / Mrs / Dr \_\_\_\_\_

Surname/Family name: \_\_\_\_\_ Surname/Family name: \_\_\_\_\_

Given names: \_\_\_\_\_ Given names: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

3. Title: Mr / Ms / Mrs / Dr \_\_\_\_\_ 4. Title: Mr / Ms / Mrs / Dr \_\_\_\_\_

Surname/Family name: \_\_\_\_\_ Surname/Family name: \_\_\_\_\_

Given names: \_\_\_\_\_ Given names: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**ENROLMENT DETAILS:**

Date of Enrolment    /    /                      Date of Entry        /        /                      Date of Exit:        /        /

**PLEASE NOTE:** 20 Hours ECE is 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:

This enrolment agreement is **INCLUSIVE** of school term breaks.

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 ECE at any other service?                       Yes                       No

If YES to either or both if the above, please sign to confirm that:

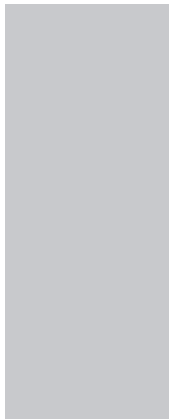
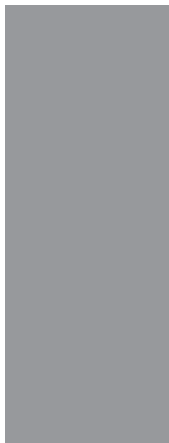
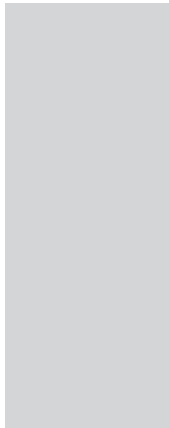
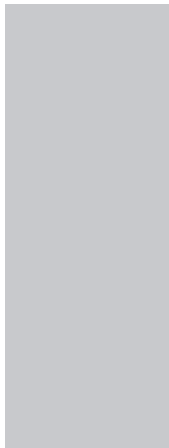
- Your child does not receive more than 20 hours of ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility 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 St Margaret's Pre-school.

Parent / Guardian Signature: \_\_\_\_\_ Date:    /    /



**CHILD'S DOCTOR:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medical Centre: \_\_\_\_\_

**HEALTH:**

Illness/allergies: \_\_\_\_\_

Is your child up-to-date with immunisations?  Yes  No  
(Please provide verification of all immunisations)

**For staff:** Immunisation records sighted and details recorded:  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?  Yes  No

Name specific category (i) medicines that can be used on my child, **provided by the service:**

- Sunscreen
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: / /

**PERSON RESPONSIBLE FOR PAYMENT OF FEES:**

**(if other than parent or guardian):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**REQUIRED INFORMATION FOR LICENSING PURPOSES:**

**Excursions to School Grounds:** I understand that a regular feature of the Pre-school programme will include outings to the buildings and grounds of St Margaret's College. I understand that during these outings, Ministry of Education ratios of at least 1 Adult up to 6 children, 2 Adults up to 20 children, and 1 Adult for every 10 children thereafter will be maintained for both those children leaving the Pre-school and for those remaining, and I authorise my child's participation in these outings.

**Excursions outside School Grounds:** Will be notified in advance in accordance with our Excursion Policy.

**Photo/Video:** Photographs and videos are regularly used as a means of recording children's learning, for assessment and planning, and for marketing purposes. Please indicate your agreement for the use of images as detailed below.

**I agree that my child:**

- May be photographed for the purpose of assessment and planning and those photographs and/or videos be used in my child's profile book or portfolio within the Pre-school environment.  Yes  No
- May have his or her work and/or photograph or videoed image published on the Pre-school or School website.  Yes  No
- May be included in photographs or videos selected by us for promotional material.  Yes  No
- May be selected by the media as part of items broadcast either in print/radio or electronic mediums.  Yes  No

Parent / Guardian Signature: \_\_\_\_\_ Date / /

**ENROLMENT STATEMENT:**

Why does St Margaret's Pre-school appeal to your family? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about your child's strengths, interests and preferences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL CHARGES:**

1. The optional charge is included for:
- More than 80% qualified teachers.
  - Use of St Margaret's College facilities including sports fields, dance and drama facilities, library, gymnasium and auditorium.
  - Specialist subject teachers.
  - Meals and snacks.

\*This charge is detailed on the current schedule of fees that forms part of this enrolment agreement

2. I understand that if I agree to pay for the optional charge, St Margaret's Pre-school may enforce payment.
3. The agreement to pay the optional charge will last until your child leaves St Margaret's Pre-school.
4. The rules about making changes to the agreement are:
- The agreement may be revoked at the completion of each twelve months written notice, by giving one months written notice to the Service Provider, signed by the parent/guardian.
  - Thereafter, the agreement may be revoked at the completion of each twelve months, by giving one months written notice to the Service Provider, signed by the parent/guardian.
5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
6. I **agree / do not agree** (select one) to pay the optional charge for activities/items specified in this enrolment agreement form.

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 identification will be used for research, statistics, funding, and the measurement of educational outcomes.

You can find out more information about national student numbers at [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).

\*Information about acceptable identity verification documents is available online at:

[www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://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.

**POLICY STATEMENT:**

**Policy Statement:** St Margaret's 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 to 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 St Margaret's Pre-school, I declare that this form has been checked and all relevant sections completed.

Service Provider Signature: \_\_\_\_\_ Date:     /     /