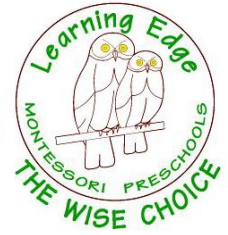


# Learning Edge Montessori Preschools Enrolment Application Form



Child's official surname of family name: \_\_\_\_\_

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 sighted by staff

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other

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

Child's date of birth: \_\_\_\_\_

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

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

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

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

Male  Female

Primary parent contact name/no: \_\_\_\_\_

## Privacy Statement

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number\* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

*Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.*

\* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [www2.nzqa.govt.nz](http://www2.nzqa.govt.nz).

***The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.***

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

**Parents / Guardians**

Mothers Name: \_\_\_\_\_

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

Phone No. Hm: \_\_\_\_\_

Work Ph No: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Newsletters and financial information (receipts etc) to be sent via email

Fathers Name: \_\_\_\_\_

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

Phone No. Hm: \_\_\_\_\_

Work Ph No: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Newsletters and financial information (receipts etc) to be sent via email

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

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

Phone No. Hm: \_\_\_\_\_

Work Ph No: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Newsletters and financial information (receipts etc) to be sent via email

**Custodial Statement**

Are there any custodial arrangements concerning your child?

If YES please give details of and custodial arrangements or court orders (a copy of the court order is required)

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

Any persons prohibited from collecting your child

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

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

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

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

**Additional Contacts / People Collecting**

We need information for two emergency contacts different from the primary caregivers.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship to Child – friend, grandparent  
etc: \_\_\_\_\_

*Emergency contact*   
*Has permission to pick up my child*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Relationship to Child – friend, grandparent etc: \_\_\_\_\_

*Emergency contact*   
*Has permission to pick up my child*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship to Child – friend, grandparent etc: \_\_\_\_\_

*Emergency contact*   
*Has permission to pick up my child*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship to Child – friend, grandparent etc: \_\_\_\_\_

*Emergency contact*   
*Has permission to pick up my child*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship to Child – friend, grandparent etc: \_\_\_\_\_

*Emergency contact*   
*Has permission to pick up my child*

**Doctor**

Medical Centre: \_\_\_\_\_

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

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

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

**Medical Information**

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 sighted and a copy taken (tick one)

Yes       No 

Name of medicine

Method and dose of medicine

When does the medicine need to to be taken (state time or specific symptoms)

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

Date: \_\_\_\_\_

Has your child been immunised      Yes       No 

Has your child had any of the following diseases

Chicken Pox      Yes       No Mumps      Yes       No Measles      Yes       No Rubella      Yes       No Whooping Cough      Yes       No Hepatitis      Yes       No HIV/ Aids      Yes       No 

Has your child had any problems with the following

Hearing      Yes       No Ear Infections      Yes       No Speech      Yes       No Childhood Convulsions      Yes       No Sleeping      Yes       No Did he/she crawl      Yes       No Is your child toilet trained?      Yes       No

**Person responsible for payment of fees**

Full name: \_\_\_\_\_

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

Ph No: \_\_\_\_\_

I choose to make fee payments:

Weekly       Fortnightly       Monthly       Whole term

By means of:

Cash Cheque       On-line banking       Automatic payment

I understand that fee payments will be made in advance at the beginning of my chosen term of payment.

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

**How did you find out about the centre?**

Newspapers

Yellow pages

Friend referral

Web search

Web site

Sign

Letterbox Flier

Previously enrolled sibling

Other       *please state* \_\_\_\_\_

**Does your child have any specific interests?**

\_\_\_\_\_

**Dual Enrolment Declaration**

Is your child enrolled at any other childcare facility?

Yes       No

If yes please name the facility: \_\_\_\_\_

Please give days of the week and hours of the day your child is enrolled at the other child care facilities: \_\_\_\_\_

\_\_\_\_\_

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Learning Edge Montessori Preschool.

*Parent/Guardian Signature:* \_\_\_\_\_

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

**20 Hours ECE Attestation:**

Is your child receiving 20 hours ECE for up to six hours per day, 20 hours per week at this service? Yes  No

Is your child receiving 20 hours ECE at any other services? Yes  No

If yes to either of both of the above, please sign to confirm that:

Your child does not receive more that 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:* \_\_\_\_\_

**Optional Changes:**

The optional charge is for the provision of and ongoing maintenance of, materials required to support the Montessori philosophy and programme provided by the centre

I understand that if I agree to pay the optional charge, Learning Edge Montessori Preschool may enforce payment.

The agreement to pay optional charge will last for the duration of time that the child is enrolled at the centre.

To make changes to the agreement we require three weeks notice in writing.

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

## Conditions of Enrolment

Please read before signing this application.

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

- I understand that the fees are paid in advance according to the attached agreement and that in addition to the fees I will pay a one off application fee of \$52 and a one off \$21. equipment levy to cover reading material. I also understand that there is a charge of \$13 per family per term to cover MANZ member school fee.
- I understand and agree that unpaid accounts will incur late payment fees and collection costs.
- I agree that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to other children.
- I agree to give three weeks notice in writing before withdrawal of my child from the centre.
- I understand that there are no make-up sessions possible in the event that my child is absent from the centre due to sickness or holidays.
- I agree that when dropping off and picking up from preschool I will park in the designated car parks and will escort my child into the centre and place them in the care of a staff member before leaving.
- I understand that the information requested in this application form is needed to comply with statutory requirements and to enable staff to contact you in an emergency and that we are obliged to retain these records for a period of seven years. This personal information will be kept securely and remain confidential.

I/we give permission for my/our child to be photographed or videoed while at the centre for the purposes of assessment, planning and evaluation and for my child's portfolio. This includes photos taken by students while with us on work experience or practicum training.

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

I give/don't give consent for photographs of my child to be included on our centres web page to enhance the centre image and programme. I understand that these photos may be changes or updated over time.

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

I/we have read and do accept the centre's policies on child protection and positive guidance.

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

I/we have read and do accept the centre's policies for adult/child ratios for excursions, monitoring sleeping children, complaints procedures.

Signature: \_\_\_\_\_

I/we give consent for my child to take part in spontaneous walks in the immediate neighbourhood of the centre. I understand that walks of this nature will only take place if there is a ratio of 1 teacher to 4 children.

Signature: \_\_\_\_\_

**Days we are wishing to enrol our child at the centre:**

Monday-	Whole Day <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Tuesday-	Whole Day <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Wednesday-	Whole Day <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Thursday-	Whole Day <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Friday-	Whole Day <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>

Starting date if possible: \_\_\_\_\_

I/we accept the terms and conditions of this enrolment application. I/we declare that all the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

(both parents to sign where possible)

Date: \_\_\_\_\_

**Service Declaration**

On behalf of Learning Edge Montessori Preschool I declare that this form has been checked and all relevant sections have been completed.

Signature of centre manager: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

<b>Application received</b>	<input type="checkbox"/>
<b>Enrolment fee received</b>	<input type="checkbox"/>
Application received	<input type="checkbox"/>
Enrolment fee received	<input type="checkbox"/>
Equipment levy received	<input type="checkbox"/>
Days confirmed	<input type="checkbox"/>
Starting date confirmed	_____

Alterations to times attending as per transfer form – see attached sheet

Last date of attendance \_\_\_\_\_



