

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 collected 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.

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: _____
Relationship to Child – friend, grandparent etc: _____
Emergency contact
Has permission to pick up my child

Name: _____
Address: _____
Phone No: _____
Mobile: _____
Relationship to Child – friend, grandparent etc: _____
Emergency contact
Has permission to pick up my child

Name: _____
Address: _____
Phone No: _____
Mobile: _____
Relationship to Child – friend, grandparent etc: _____
Emergency contact
Has permission to pick up my child

Name: _____
Address: _____
Phone No: _____
Mobile: _____
Relationship to Child – friend, grandparent etc: _____
Emergency contact
Has permission to pick up my child

Name: _____
Address: _____
Phone No: _____
Mobile: _____
Relationship to Child – friend, grandparent etc: _____
Emergency contact
Has permission to pick up my child

Doctor

Medical Centre: _____

Name: _____

Phone: _____

Address: _____

Medical Information

Does your child suffer from Allergies (if yes please state)

Yes No

Food intolerances (if yes please state)

Yes No

Name any medication required

Yes No

Asthma (name any medication required)

Yes No

Any other medical condition (if yes please state)

Yes No

Has your child been immunised? (please provide verification of all immunisations)

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

Vision 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

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: _____

Conditions of Enrolment

Please read before signing this application.

- 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

Application received

Enrolment fee received

Equipment levy received

Days confirmed

Immunisation certificate sighted

Starting date confirmed _____

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

Last date of attendance _____

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: _____

