

## Child's Information

Child's Full Name:

Child's home address:

Date of Birth:

Male  Female

City and Country of Birth:

Country of Citizenship:

Copy of verification document\* supplied:

- New Zealand birth Certificate     Foreign birth Certificate  
 New Zealand passport             Foreign passport  
 Other

Staff Initials

Ethnic origins:

Iwi(s) your child belongs to:

Primary language spoke at home:

Other languages spoken at home:

\*Information about acceptable verification documents is available online at [www.eli.education.govt.nz](http://www.eli.education.govt.nz)

## 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. All personal information held on your child will be kept secure and remain confidential. 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.eli.education.govt.nz](http://www.eli.education.govt.nz)

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

## Family Information

Your child lives with  Mother  Father  Guardian

Parent/Guardian name:

Parent/Guardian name:

Address:

Address:

Phone Number – Home:

Phone Number – Home:

Work:

Work:

Mobile:

Mobile:

Email:

Email:

## Additional person(s) who have permission to collect your child

Your child will only be released to the persons listed on this form. They may also be contacted in an emergency if we are unable to contact a parent/guardian. If you wish for any other person to collect your child (one-off, short-term or on-going), you must notify the Centre in writing. If you are unable to do this in person, you may email [admin@goldenbeads.org.nz](mailto:admin@goldenbeads.org.nz).

Name: Relationship to your child: Address:  Phone Number – Home: Work: Mobile:	Name: Relationship to your child: Address:  Phone Number – Home: Work: Mobile:
Name: Relationship to your child: Address:  Phone Number – Home: Work: Mobile:	Name: Relationship to your child: Address:  Phone Number – Home: Work: Mobile:
Name: Relationship to your child: Address:  Phone Number – Home: Work: Mobile:	Name: Relationship to your child: Address:  Phone Number – Home: Work: Mobile:

## Custodial Statement

Are there any custodial arrangements concerning your child?  Yes  No

If **YES**, please give details of any custodial arrangements or court orders. A copy of any court order is required.

Names of any person(s) who **can not** pick up your child.

## Medical Information

GP Name:

Clinic Address:

Phone Number:

We are required to keep records regarding your child's immunisation status.

Immunisation record supplied or  my child is not immunisation

Staff Initials:

Please state any relevant medical history, including allergies and medications required.

Include the names of any specialists or special education groups your child has had or is still in contact with.

Other information or concerns about your child's special emotional/behavioural/physical needs.

## Medication

### Category (i) Medicines

A category (i) medicine is a non-prescription preparation that is not ingested, used for the 'first aid' treatment of minor injuries, provided by the Centre and kept in the first aid cabinet.

Please tick the medicines that you give permission for use on your child

Stingose (insect bite treatment)  Arnica cream  Antiseptic cream  Saline solution  Sunscreen

Parent/Guardian signature:

Date:

### Category (ii) Medicines

Category (ii) medicines are supplied by the parent/guardian to treat a specific condition or symptom for a specific period of time. These include prescriptions such as antibiotics, eye/ear drops, etc. and non-prescription medicines such as paracetamol, cough syrup, etc.

When a Category (ii) medicine is to be given to your child, a parent/guardian will be required to fill in the Medicine Register (held in your child's classroom) at the beginning of each day. Details required are: name of the medication, method and dose, time or specific symptoms/circumstances. The medication is to be collected when your child leaves for the day.

### Category (iii) Medicines

Category (iii) medicines are used to treat on-going conditions such as asthma, allergies, etc. These medicines may be left in the classroom for use when required. A Health Plan must be completed for your child if he/she has any on-going conditions requiring the use of category (iii) medications at the Centre. Details required are: name of the medication, method and dose, time or specific symptoms/circumstances. The Health Plan is kept in your child's classroom with the medication.

I acknowledge that a parent/guardian must complete the Medicine Register daily in order for Category (ii) medicines, and a Health Plan for Category (iii) medicines to be administered to my child.

Parent/Guardian signature:

Date:

## Authorisations

- I agree to my child being taken on short local excursions in the vicinity of the centre. Vehicle travel within the Waikato will be undertaken only with fully licenced drivers and in compliant vehicles with required child safety restraints. Permission slips will be issued for excursions outside the Waikato.
- I give permission for my child to be photographed/videoed for the purposes of assessment, planning and evaluation by school staff and records kept. I also agree for my child to be observed and photographed for the purposes of the school's ongoing staff professional development. Publication of any photographs/videos will be limited to your child's portfolio (which is kept private) and publicity purposes.
- Waikato Montessori Education Centre has policies that outline the procedures for the care and education of your child. We strongly urge you to read these. The signing of this Enrolment Agreement indicates that you will abide by the policies of this centre, and understand how you can have input to policy review.
- Please ensure you have read the **Parent Information Booklet** as it covers such things as fees and ways in which we can help you and your child settle into the school. We will hold regular Parent Evenings which we require you to attend to understand more about the Montessori method.

Parent/Guardian signature:

Date:

### Parent Declaration

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

In signing this Enrolment Agreement, I agree to pay the fees as published.

- A non-refundable enrolment fee is payable prior to attendance.
- Annual attendance fee.

Please refer to the *Fees and Donations Guide* for more information.

Parent/Guardian signature:

Date:

### Service Provider Declaration

On behalf of Waikato Montessori Education Centre, I declare that this form has been checked and all relevant sections completed.

Staff Member Signature:

Date:

***Thank you for your application.***