

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

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

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@waikatomontessori.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 immunised 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:

Enrolment Hours and 20 ECE Hours Attestation

On acceptance, your child will be allocated a full-time place so that hours can be increased as your child develops. Children under 3 ½ years may attend mornings only (8:30 – 12pm) for a minimum of three mornings per week.

Requested Commencement Date:

Requested Enrolment Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
<input type="radio"/> 8:30am-12pm	<input type="radio"/> 8:30am-12pm	<input type="radio"/> 8:30am-12pm	<input type="radio"/> 8:30am-12pm	<input type="radio"/> 8:30am-12pm	
<input type="radio"/> 8:30am-3pm	<input type="radio"/> 8:30am-3pm	<input type="radio"/> 8:30am-3pm	<input type="radio"/> 8:30am-3pm	<input type="radio"/> 8:30am-3pm	

20 ECE Hours Attestation (for children 3 years old and over)

*Information about 20 ECE hours is available online at www.eli.education.govt.nz

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Number of hours at Waikato Montessori Education Centre						
Number of hours at other ECE provider						
Total number of hours (max 20)						

Parent/Guardian signature:

Date:

I hereby declare that my child is not enrolled at another early childcare institution at the same times that he/she is enrolled at Waikato Montessori Education Centre.

Parent/Guardian signature:

Date:

Please sign to confirm that

- Your child does not receive more than 20 hours of the 20Hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in this Enrolment Agreement if deemed necessary, and to the extent necessary to make decisions about your child's eligibility for 20 ECE hours.
- You consent to Waikato Montessori Education Centre 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 section.

Parent/Guardian signature:

Date:

Statutory Holidays / Term Breaks

This enrolment agreement is exclusive of school term breaks and public holidays.

Fees

An enrolment fee of \$115 (incl. GST) is payable on acceptance of enrolment and start date confirmed. There is a quarterly Golden Beads Charitable Trust fee of \$1,059.50 (incl. GST) per child. A quarterly Donation of \$235.50 is also kindly requested to maintain the full work of the Trust for all families wishing to access Montessori. This is a total of \$1,295.00 quarterly. Invoices will be issued for the fees.

Notice of Children Leaving

A minimum of two weeks prior written notice is required for children leaving. In order to plan the roll, a longer period of notice would be appreciated.

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 centre staff and records kept. I also agree for my child to be observed and photographed for the purposes of the centre'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 centre. We will hold regular parent evenings which we require you to attend to understand more about the Montessori method.
- I agree to pay all fees as outlined above. More information and payment options are outlined in the **Fee Guide**.

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.

Please refer to the *Fee 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.