



St Peter's Anglican Preschool
 25 Yaldhurst Rd
 Upper Riccarton
 Christchurch 8042
 Tel 03-348-5608

stpeterspreschool@mcctrust.nz

Enrolment Agreement Form

Any changes to the original enrolment agreement form must be signed and dated by the parent/guardian.
PLEASE PRINT CLEARLY

◆ Child's details:

Name your child is known by / PREFERRED name:

Surname / family name:

First name:

Child's **OFFICIAL** surname / family name:
(if different from above)

First name:

Child's **official other names / middle names:**
(please separate names with a comma):

Copy of **official identity verification document**¹ will be collected by staff:

1 Proof of your child's age and citizenship; birth certificate, passport, citizenship certificate or NZ residency document. The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Child's date of birth: dd / mm / yyyy

Male

Female

Child's primary residential address:

Phone Number:

Post Code:

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Standard of English: **(Please tick one)**

Can understand greetings, simple instructions, questions or instructions in English?

Cannot understand greetings, simple instructions, questions or instructions in English?

How did you learn about our Preschool?

Child's doctor:

Name:

Phone:

Name of medical centre:

Address:

| | |
|--|---|
| Health | |
| Does your child have any chronic illnesses or allergies? If Yes, please specify: | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will your child be immunised? | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If so, is your child up-to-date with immunisations? | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please provide verification of all immunisations | |
| For staff: Immunisation records sighted and details recorded | Tick One Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Our Policy:</u> If your child has had an infectious disease (e.g. diarrhoea, chicken pox) in the last 24 hours, he/she should not come to preschool until they are better. Please notify the centre. | |
| Does your child require long term or on-going medication that is for the use of your child only (provided by a parent, as part of an individual health plan)? (e.g. for an ongoing conditions such as asthma or eczema etc.) If yes, please complete Individual Health Plan | Circle Yes/No |
| For staff: Individual Health Plan sighted, details recorded, and a copy in the Health Plan folder? | Circle Yes/No |
| In case of emergency and when parents/caregivers are unable to be contacted I authorise the Preschool to seek medical advice in the best interest of my child. | Circle Yes/No |
| Parent/Guardian Signature _____ Date: ____/____/____ | |

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| Opening Hours and Charges | |
| We are open Monday to Friday from 8 am – 5:30pm. Our charges are defined in the attached Fees policy. Please take it, read it and ask for clarification if anything is unclear, before your child’s start date. | |
| For staff: Confirm Fees policy given to parent/guardian | Yes <input type="checkbox"/> No <input type="checkbox"/> |

When filling in this next section, please be aware of any fees that may apply-See supplied Fees policy.

| | | | | | | | | |
|--|-----|------|-------------------------------|-----|-----|------------------------------|-----|---------------------|
| ◆ Enrolment Details: | | | | | | | | |
| Date of Enrolment: ____/____/____ | | | Date of Entry: ____/____/____ | | | Date of Exit: ____/____/____ | | |
| Please Note: “20 Hours ECE” is for 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: | Mon | Tues | Wed | Thu | Fri | Sat | Sun | Total hours: |
| Times Enrolled: | | | | | | | | |
| Hrs per day | | | | | | | | |
| 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 | | | | | | | | Total hours |
| <u>Please Note:</u> If your child does not attend regularly for the hours booked, we may change your booking to reflect their actual attendance. Two weeks’ notice in writing is required if a parent wishes to withdraw their child from this Preschool. | | | | | | | | |
| Parent/Guardian Signature: _____ Date: ____/____/____ | | | | | | | | |

◆ 20 Hours ECE Attestation: (only applicable if child is 3yrs or older)

| | |
|---|--------------------------|
| Is your child receiving "20 Hours ECE" for up to six hours per day , 20 hours per week at <u>this</u> service? <input type="radio"/> Circle One Yes/No | |
| Is your child receiving "20 Hours ECE" at <u>any other</u> services? <input type="radio"/> Circle One Yes/No If yes to either or both of the above, please sign to confirm that: | |
| <ul style="list-style-type: none"> • Your child does not receive more than 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: ____ / ____ / ____ |

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| ◆ Dual Enrolment Declaration |
| I declare that my child is/is not enrolled at another early childhood institution <u>at the same times</u> that he/she is enrolled at <u>this</u> Preschool. |
| Parent/Guardian Signature: _____ Date: ____ / ____ / ____ |

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| Previous Pre-School attendance |
| Has your child attended any other Early Childhood Education centre in the last 6 months? <input type="radio"/> Circle One Yes/No |
| If yes: How many hours per week? Hrs p.w. _____ Name of Centre _____ Location of Centre: _____ Centre Phone number _____ Parent/Guardian Signature: _____ Date: ____ / ____ / ____ |

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| ◆ Statutory Holidays / Term Breaks |
| This enrolment agreement is exclusive of statutory holidays and school term breaks (we close for the first week of each school term break, and for 3 weeks in December/January each year). |

| Parent / Guardian (A) | Parent / Guardian (B) |
|---|---|
| First name(s): | First names: |
| Surname / family name: | Surname / family name: |
| Address: | Address: |
| Post Code: | Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Phone (Mobile): | Phone (Mobile): |
| Email: <i>(print clearly)</i> | Email: <i>(print clearly)</i> |
| Occupation: <i>(Optional)</i> | Occupation: <i>(Optional)</i> |
| Relationship to child: | Relationship to child: |
| <u>Allowed to Collect:</u> Yes <input type="checkbox"/> No <input type="checkbox"/> | <u>Allowed to Collect:</u> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Emergency Contact:</u> Yes <input type="checkbox"/> No <input type="checkbox"/> | <u>Emergency Contact:</u> Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Emergency Contacts: <i>In the instance that the Centre cannot contact either parents or guardians</i> | |
|--|---|
| First names: | First names: |
| Surname / family name: | Surname / family name: |
| Address: | Address: |
| Post Code: | Post Code: |
| Phone (Home): | Phone (Home): |
| Phone (Work): | Phone (Work): |
| Email: | Email: |
| Relationship to child: | Relationship to child: |
| <u>Allowed to Collect:</u> Yes <input type="checkbox"/> No <input type="checkbox"/> | <u>Allowed to Collect:</u> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Emergency Contact:</u> Yes <input type="checkbox"/> No <input type="checkbox"/> | <u>Emergency Contact:</u> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Person/s who <u>cannot</u> pick up your child: | |
| Name: | Name: |
| Name: | Name: |

| 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) |
| |
| <input type="checkbox"/> Copies of court documents received and on file |

| Communication Authorisations <i>(Please answer each question)</i> | | |
|--|----------------------------------|---|
| 1. Invoice Fees to whom: | Select Parent/Guardian | A <input type="checkbox"/> or B <input type="checkbox"/> |
| 2. May we e-mail Invoices/Statements ? | Select | Yes <input type="checkbox"/> or No <input type="checkbox"/> |
| 3. May we e-mail other correspondence ? | Select Select Parent/Guardian | Yes <input type="checkbox"/> or No <input type="checkbox"/> A <input type="checkbox"/> or B <input type="checkbox"/> |
| 4. Notices via Storypark | Select | Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, complete Pg. 6. |

| Permissions and Declarations <i>(Please answer each question)</i> | |
|--|------------------------------------|
| Photo/Video: Permission for the child to be photographed for the purpose of assessment, planning and evaluation and for in-centre wall displays Permission for the child's photograph to be used for advertising, promotional materials, and our Centre website. | (circle) Yes/No (circle) Yes/No |
| Confidentiality: I understand that each child's portfolio will be accessible to them and their family/whanau and I confirm that I respect the confidentiality of other children's documentation. | (circle) Yes/No |
| 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 identifier will be used for research, statistics, funding, and the measurement of educational outcomes. You can find more information about your child's Early Childhood Education at http://parents.education.govt.nz/parents | |
| Parent/Guardian Signature: _____ | Date: ____ / ____ / ____ |
| ◆ 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 This Preschool , I declare that this form has been checked and all relevant sections have been completed. | |
| Service Provider Signature: _____ | Date: ____ / ____ / ____ |

| Other information |
|--|
| Policy Statement: The Preschool 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. |
| A PARENT POLICY FOLDER is available in the preschool office for viewing and commenting on policies. |
| Transitional School Visits: Occasionally children will visit schools with a teacher. |
| Enrolment and Information Pack: Please read the information in the enrolment and information pack as it covers such things as what to bring to preschool, food, celebrations, fees and other ways in which we can help settle you and your child into our Preschool. |



- ❖ I give permission for the Preschool to create an online portfolio for my child.
- ❖ I understand that my child's portfolio will be accessible to only me and whoever I choose to invite, such as my whanau or any other external agency.
- ❖ I confirm that I will respect the confidentiality of other children's photos and documentation by not sharing them on any form of social media.

Date:

Signature:

| | |
|----------------|--|
| Child's Name: | |
| Parent's Name: | |
| Email Address: | |