

Enrolment Agreement Form - Ficino Preschool

Please print clearly

Child's details:

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:

(please separate names with a comma):

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: d d / m m / y y y y

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's nationality: _____

Child's primary residential address:

Post Code:

Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education and care 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 national student numbers at www.eli.education.govt.nz.

*Information about acceptable identity verification documents is available online at www.eli.education.govt.nz; www.lead.ece.govt.nz.

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at our service.

Ficino Connections

If any relative of your child attends or attended Ficino School, please provide his/her name, relationship, years attended and School House affiliation.

Name	Relationship	Years attended	House affiliation

Parents / Guardians:

1. Given names:	2. Given 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:	Email:
Relationship to child:	Relationship to child:

3. Given names:	4. Given 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:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:

Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Mobile): (Home/Work)	Phone (Mobile): (Home/Work)
Email:	Email:

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)

Person/s who cannot pick up your child:

Name:	Name:
Name:	Name:

Child's doctor:

Name:	Phone:
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Name of medical centre:

Health

Illness/allergies/dietary requirements:

Is your child up-to-date with immunisations? (Please provide verification of all immunisations) *Tick One* Yes No

For staff: Immunisation records sighted and details recorded: *Tick One* Yes No

Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.

Do you approve category (i) medicines to be used on your child? *Tick One* Yes No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:** (please tick)

Arnica/Hypercal cream <input type="radio"/>	Antiseptic liquid <input type="radio"/>
Insect bite treatment <input type="radio"/>	Sunblock <input type="radio"/>

Parent/Guardian Signature: _____ **Date:** ___/___/___

Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature: _____ **Date:** ___/___/___

Category (iii) Medicines

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.

For staff: 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 be taken: (State time or specific symptoms)

Parent/Guardian Signature: _____ **Date:** ___/___/___

The sections marked * must be filled out with the Head Teacher

*Enrolment Details:

OFFICE USE ONLY: 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:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
Early-bird drop-off required (7.50 – 8.30am) <i>Please tick</i>						

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 service						Total hours:

Parent/Guardian Signature: _____

Date: ___/___/___

*20 Hours ECE Attestation:

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Tick One Yes No

2. Is your child receiving 20 Hours ECE at any other services?

Tick One Yes No

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

- 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: ___/___/___

Dual Enrolment Declaration:

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

Parent/Guardian Signature: _____

Date: ___/___/___

Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks.

Ficino Preschool will be closed on the following public holidays: Christmas Day, Boxing Day, New Year's Day, 2 January, Auckland Anniversary Day, Waitangi Day, Good Friday, Easter Monday, **Easter Tuesday**, ANZAC Day, Queen's Birthday and Labour Day.

Ficino Preschool will be closed for approximately three weeks over the Christmas/New Year Period and for one week during the mid-winter school break. In addition, there will be two teacher-only days per year, please refer to the current calendar for the specific dates.

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 Ficino Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____/____/____

Optional Charges

The optional charge is for:

- Trips or events in relation to emergent curriculum, the costs of which would be relevant to the overheads such as an entry fee and/or hiring a bus.

I understand that if I agree to pay for the optional charge, Ficino Preschool may enforce payment.

The agreement to pay the optional charge will last for the duration of the enrolment.

The rules about making changes to the agreement are:

- Ficino Preschool will consider this on an individual basis.

I understand that that 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: ____/____/____

Fees

Payment of fees Monthly fees are payable in full within seven days of receiving your fees invoice. Please refer to the current fees schedule for payment options and fee requirements.

Bond A refundable acceptance bond of \$500 (inc GST) is payable to ensure that your child has secured a place to start attending the Preschool in your name and as security for the payment of fees. The Acceptance Bond can be transferred to Ficino School when your child finishes attending the Preschool. Alternatively, the Bond will be refunded in the month after your child finishes attending Ficino Preschool, less any payments owing.

Notice of holidays It is a requirement that three weeks' written notice is given ahead of any absence during the preschool year. I understand that full fees will still be payable if insufficient notice is given for holidays.

Notice of withdrawal A minimum four weeks' notice must be given in writing to the Preschool Head Teacher/Manager to withdraw a child from the Preschool. If you withdraw your child without giving the required four weeks' notice in writing to the Head Teacher, the acceptance bond will be forfeited.

Notice of change of days It is a requirement that three weeks' written notice is given ahead of any change to regular days of attendance as stated on this enrolment agreement form.

Person(s) responsible for payment of fees

Please nominate the person responsible for payment of fees

Full name	Email	
Postal address		Postcode

I/We accept responsibility for payment of fees (to be signed by the above nominated person(s))

Signed _____ Date _____

Enrolment Agreement Checklist

- | | |
|--|---|
| <input type="checkbox"/> \$50 Application Fee | <input type="checkbox"/> Copy of New Zealand birth certificate or New Zealand passport |
| <input type="checkbox"/> A copy of the immunisation record | <input type="checkbox"/> Copy of Passport/Visa/birth certificate for children not holding New Zealand residency |

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

Version: December 2017