



ENROLMENT FORM

GLENDOWIE
MONTESSORI
PRESCHOOL

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:		
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____		Staff initials: _____
Child's date of birth: dd / mm / yyyy		Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____	Iwi your child belongs to: _____ _____	Language/s spoken at home: _____ _____
Child's primary residential address: _____ _____		
		Post Code:
Privacy Statement:		
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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.</p> <p>You can find more information about national student numbers at: www.minedu.govt.nz/parents</p> <p>* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.</p> <p>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p>		

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:
Occupation:	Occupation:

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 (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Custodial Statement	
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:
Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies:	
NOTE: If required please fill in our allergy action plan and provide a photograph.	
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"/>

Special Needs (Please provide details of any special needs / challenging behaviours)

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:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours
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 other 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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. Your 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 Glendowie Montessori Preschool.
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

AUTHORISATIONS

1. I give permission for my child to be taken by staff for short local walks and excursions. In general the ratio will be 1:5. I will be required to complete a separate permission form for all other excursions.
2. In the event of an accident or emergency, I authorise application of basic first aid and to seek medical or other advice as deemed necessary and accept responsibility for any expenses incurred in obtaining treatment for my child.
3. I authorise the administration of non-prescriptive medications such as Arnica, Antiseptic liquid / cream, Insect repellent / relief and Sunblock.
4. I give permission for my contact details to be made available to other parents currently attending the school.

5. I give permission for my child to be photographed or videoed for use within learning records, display, the school newsletter and parent nights. I give permission for these recordings to be used within the school web based portfolio system.
6. I give permission for my child's named artwork to be photographed, videoed for use within learning records, the school newsletter or displayed at school.
7. I give permission for staff / student teachers to change her/his soiled or wet clothing when necessary.
8. I give permission for staff / student teachers to make written observations of my child for the purpose of assessment and programme planning.
9. I give authority for people listed as Parents / Authority to Collect / Emergency Contact to also sign off medication records and Accident / Incident Register.
10. I will not bring my child to the School if they are ill or have had a fever, rash, sticky eyes within the past 24 hours or diarrhoea or vomiting within the past 48 hours. I will immediately pick up or arrange the pick up of my child if they become unwell at school.
11. I acknowledge and agree to meet the schools fees as outlined in the fee schedule for enrolled days even if unable to attend due to sickness, holidays or statutory holidays.
12. I am aware that the school will be closed over the Christmas period (no charge) and I will be notified annually of these dates.
13. Fees are charged for the remainder of the year (approx.. 50 weeks).

14. I give permission for photos / images of my child to be publish on the school website and school social media (Facebook)

Parent/Guardian Initial:

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 Glendowie Montessori Preschool, I declare that this form has been checked and all relevant sections have been completed.
Service Provider Signature: _____ Date: ____ / ____ / ____

Child's Name	
---------------------	--

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at this service						
20 Hours ECE at other service						
Parent/Guardian Signature: _____			Date: ____ / ____ / ____			

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at this service						
20 Hours ECE at other service						
Parent/Guardian Signature: _____			Date: ____ / ____ / ____			

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at this service						
20 Hours ECE at other service						
Parent/Guardian Signature: _____			Date: ____ / ____ / ____			