

# Country Village Preschool Enrolment Agreement Form

## ◆ 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:  
name:

Given

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 primary residential address:

\_\_\_\_\_

Post Code:

## ◆ 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 national student numbers at: [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents)

\* Information about acceptable identity verification documents is available online at

[www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).

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

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Country Village Preschool Enrolment form

<b>Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:

<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

<b>Custodial Statement</b>
Are there any custodial arrangements concerning your child?
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)

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<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

<b>Additional Emergency Contacts (also able to pick up child):</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

<b>Child's doctor:</b>	
Name:	Phone:
Name of medical centre:	

<b>Health</b>	
Does your child have any illness/medical condition or allergies?	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Medicine</b>	
<b>Category (i) Medicines</b>	
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.	
Note: The service must provide specific information about the category (i) preparations that will be used.	
Do you approve category (i) medicines to be used on your child? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service</b> :	
▪ Arnica	▪ Paw Paw Cream
▪ Sunscreen	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

<b>Category (ii) Medicines</b>	
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: ____ / ____ / ____

<b>Category (iii) Medicines</b>	
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.	
<b>For staff:</b> Individual health plan sighted and a copy taken: <i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: ____ / ____ / ____

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◆ Enrolment Details:						
Date of Enrolment: ____ / ____ / ____		Date of Entry: ____ / ____ / ____		Date of Exit: ____ / ____ / ____		
<p><b>Please Note:</b> We have a minimum of 6.5 hours per day and two days per week. 20 Hours ECE is for up to <b>six hours per day</b>, up to <b>20 hours per week</b>.</p>						
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 another service						Total hours:
Parent/Guardian Signature: _____				Date: ____ / ____ / ____		

◆ 20 Hours ECE Attestation: 3yr olds only	
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 <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services? <i>Tick One</i>	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"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

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### ◆ 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 [insert name of service].

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Optional Charges

1. The optional charge is for:

- Excursions outside of the centre which incur a cost for transport and admission to the activity or event. The cost per child will be capped at \$20.00 per child. This will only be charged as a one off as the event occurs.
- Special events or entertainment for the children which incurs a cost of booking. The cost will be divided by the number of children attending and evenly split. The cost per child will be capped at \$10.00 per child. The will only be charged as a one off as the event occurs.

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

3. The agreement to pay the optional charge will last for the time your child is enrolled at the centre.

4. The rules about making changes to the agreement are:

- I understand that if I wish to make changes to this optional charge agreement, my child may not be able to participate in these activities.
- I understand that if I wish to make changes to this optional charge I must give two weeks' notice to the centre.

5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ◆ Fee Contract

I agree to pay fees as outlined in the fee policy

I will pay the fees one week in advance

I agree that I am required to give two weeks' notice of the withdrawal of my child from this service.

Person responsible for Fees: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ◆ Statutory Holidays / Term Breaks

Country Village Preschool is closed on all public holidays; fees are still payable for these days. We are also closed for approximately two weeks over the Christmas period. Fees are **NOT** payable during the Christmas closure.

Fees are payable for all other absences and family holidays. Please see our fees policy for details

## Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Country Village 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.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.

## Required Information for Licensing Purposes

- **Special Excursions:** I give permission for my child to take part in special excursions and agree to the adult/child ratios that will occur on these trips. These ratios will be accessed according to the trip but will never exceed the 1-6 ratio. Please refer to the excursion policy for more information.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

- **Photo/video:** Permission for the child to be photographed for the purposes of assessment, planning and evaluation. The photographs can be used in children's' portfolios and in the preschool.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

- I give Permission for teachers to check my child's hair for head lice.

Parent/Guardian \_\_\_\_\_ 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 Country Village Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Change of Days/Times of Enrolment:**

Effective Date of Change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

**For 20 Hours ECE fill out boxes below**

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Change of Days/Times of Enrolment:**

Effective Date of Change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

**For 20 Hours ECE fill out boxes below**

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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