

# Morning Star Preschool Enrolment Agreement Form

To secure your child's enrolment please complete the enrolment form and pay the one-off \$60 enrolment fee per child into Morning Star bank account: **12-3077-0612893-00**. Please note that this fee is non-refundable. Please ensure that you include your child's name in the reference/particulars columns.

## ◆ 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:          /       /            

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. The information disclosed is required to help Morning Star Preschool comply with statutory requirements so as to enable the Centre staff to contact you and to ensure the appropriate care and education of 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. We are obligated by regulations to keep these records for at least seven years. All personal information on your child will be kept securely 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: [eli.education.govt.nz](http://eli.education.govt.nz)

\* Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://eli.education.govt.nz)

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

<b>Parents / Guardians:</b>	
<b>1. Full Name:</b>	<b>2. Full Name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Occupation:	Occupation:
Relationship to child:	Relationship to child:

<b>Emergency Contacts (also able to pick up child):</b>	
<b>1. Full Name:</b>	<b>2. Full Name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

<b>Additional person/s who can pick up your child:</b>	
<b>Full Name:</b>	<b>Full Name:</b>
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:
<b>Full Name:</b>	<b>Full Name:</b>
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:

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

<b>Child's doctor:</b>			
Name:	Phone:		
Name of medical centre:			
<b>Health</b>			
Illness/allergies:			
Is your child up-to-date with immunisations? (Please provide verification of all immunisations) <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>For staff:</b> Immunisation records sighted and details recorded: <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>			

<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.	
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>	
▪ Sunblock	▪ Arnica
▪ Sudocream	▪
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/caregiver 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 is 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: ____ / ____ / ____	

**◆ Enrolment Details:**

Date of Enrolment: \_\_\_/\_\_\_/\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ 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. However the centre does have an additional charge as explained in the "Fee Payment" Policy

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:**

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 Apples Childcare & Learning Centre.

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

**◆ Optional Charges:**

The centre does not request optional charges.

**Terms and Conditions and Required Declarations of This Form**

- I understand that acceptance of enrolment of my child at the Centre is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. I agree only to be enrolled in this service for the enrolled hours.
- I agree to the Centre rules that I am not to bring my child to the Centre when they are suffering from any condition that is capable of being transmitted to other children.
- I understand and authorise that in the event of any illness, medical condition, accident, or where the child's health may be at risk, the centre will seek appropriate medical advice/treatment as they consider necessary for the best interests of the child and I will pay any costs associated with this. The centre will endeavour to keep me informed of any issue as it arises. I consent to tests or other tests by qualified professionals that are considered in the best interests of the child and I will pay for any costs associated with this. I consent to the results of these tests being discussed with my child's teacher and Head Teacher if necessary.
- I agree to abide by the rules of the Centre as set down from time to time by Management, and the expectations set out in the Parent Information Booklet. I accept that Management reserves the right to revoke enrolment.
- I agree to give two weeks in writing when I withdraw my child from the Centre.
- I agree that when dropping my child off at the centre, I will park in the area designated and will escort my child into the building and advise a teacher of my arrival before leaving my child. I will advise a Teacher before taking my child from the Centre. I will sign my child in on arrival and out on departure daily. I understand and accept that this is a condition of enrolment that children driven to and from the Centre must travel in a child's car seat or restraint in accordance with Traffic Regulations.
- I give my permission for my child to take part in regular spontaneous excursions in accordance with the Centres Excursions policy. I understand that for planned trips and excursions the centre will provide a detailed letter requesting signed permission for the outing.
- I agree to my child being observed, photographed and videoed for their portfolio and for wall displays in the classroom as part of the centres planning process.
- I give my permission for teachers to keep examples of my child's learning as evidence of their teaching practice for teacher registration purposes.
- I agree to my child's photo's being placed in our monthly newsletters, and photographed for advertising and promotional materials for the centre.
- I give permission for my child's image and first name to be used on the Morning Star Preschool facebook page and other social media sites which will be available to be viewed by visitors to the sites, in accordance with the centre Social Media Policy.
- I understand that these images will be available on the World Wide Web and will be viewed by visitors to the website.
- I agree to pay the fees on the basis of the fee schedule that is current at the time and I will pay, in advance, in accordance with the Fee Policy of the Centre. I understand absences and public holidays are already included in the calculation of the fees.
- I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published policies and fee rates. I understand and accept these fees are to be paid in full, in advance. I understand and accept that irrespective of any arrangement with any third party (eg other adult Income Support services, Accident Insurance, Trusts or Budget Services, etc) to pay the fees, then the full responsibility to pay remains with me. I understand and accept that if any fee or charge remains unpaid beyond the time specified in the Fee Policy, then my child's enrolment may be forfeited, the debt passed to a Debt Collection Agency, and I will be responsible for any costs incurred in this process.
- I have read and understand the Privacy Statement at the bottom of page 1 of this form.
- I understand that these terms and conditions in this form are not exhaustive and that others are contained in published Centre Policy documents, Rules, Notices, Parent Handbooks, etc. I accept that the Centre reserves the right to add, amend, clarify or delete terms, conditions or policies by issuing Newsletters, Notices, or posting notification on one of the Centre Noticeboards. I understand that I can have input into policy review. A full set of policies are available at the centre at all times for me to go through. I am aware I can contact the centre at anytime to discuss the policies and procedures of the service.

	Yes	No
Excursions	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>
Teacher Registration	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>
Social media	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>

**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 Morning Star preschool, I declare that this form has been checked and all relevant sections have been completed.

**Service Provider Signature:** \_\_\_\_\_

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