



21 Kapiti Place, Sunnynook,
North Shore, 0620, ph: 4109535,
email: korumontessori@xtra.co.nz

Enrolment Agreement Form

Office Use Only

Date of Enrolment:/...../..... Date of Entry:/...../..... Leave date:/...../.....

◆ 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 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

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

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

Parents / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home): Phone (WK):	Phone (Home): Phone (Wk):
Phone (Mob):	Phone (Mob):
Occupation:	Occupation:
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 (Work):	Phone (Home): Phone (Work):
Phone (Mobile):	Phone (Mobile):
Occupation:	Occupation:
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 (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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 <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

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

Additional Emergency Contacts (also able to pick up child):	
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:
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:

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

Health	
Illness/Special needs/Allergies: (Please specify)	
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- copy of immunisation certificate required)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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.	
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?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service :	
▪	▪
▪	▪
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

Category (ii) Medicines (Only complete if applicable)	
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. Two staff members will check the medicine prior to it being given to the child.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Category (iii) Medicines (Only complete if applicable)	
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 <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: ____ / ____ / ____

Category (iiii) Medicines	
I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

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

◆ 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 optional charges apply – see fee schedule						
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: ___/___/___						
◆ Attendance Requirements:						
<p>At Koru Montessori we have minimum session requirements. These are linked to the age of your child. Children are more settled when they attend regularly. It gives them a sense of belonging and consistency. Regular and frequent attendance also enables the children to form solid friendships.</p> <p>Our focus is on education, not daycare, and teachers need to be able to follow up the one to one presentations and lessons with the child on a daily basis.</p> <p>3 years old – 3 mornings per week minimum 3.5 years old – 3 full days per week minimum 4 years old – 4 full days per week minimum 5 years old – 5 full days per week</p> <p>I agree to abide by the minimum session requirements for the age of my child</p> <p>Parent /Guardian Signature _____ Date: ___/___/___</p>						

◆ 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 <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	Tick One 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. ▪ 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 	

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

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 Koru Montessori.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Optional Charges:

The purpose of the Optional Charges is to ensure that Koru Montessori can offer an environment that adheres to rigorous high quality Montessori standards.

20hrs ECE are the funded child hours that a service can claim for the provision of 20hrs ECE. Services are eligible to claim up to six (6) hours per child per day, to a maximum of twenty (20) hours per child per week. The purpose of the Optional charges is to enable Koru Montessori to offer extra services under 20hours ECE.

These Optional charges contribute towards the aspects of the environment and the child's learning which are not required by regulatory requirements and include:

- Specialized or specific teaching resources. Montessori specific materials not found in centres which do not offer a Montessori programme
- Teacher child ratios below those required by the ECE regulations (1:10). Koru Montessori has a 1:7 adult child ratio
- Costs associated with providing morning & afternoon tea and daily food preparation activities as part of the curriculum
- Regular baking & cooking with children.
- Any external services to the school, such as Playball, Stretch n Grow, Yoga, Specialist art teacher
- Providing ongoing regular professional development for teaching and administrative staff that ensure teaching levels are of a high quality, Teacher registration mentoring.
- Subsidizing excursions
- Access to Educa, online portfolios
- Membership to Montessori Aotearoa New Zealand
- Special events such as National Children's Day, Purple Cupcake Day
- Being part of the Montessori Journey to Excellence Programme Te Ara Ki Huhuatanga
- Parent discussion groups/evenings
- Having more than 80% degree qualified, registered, certificated teachers

I understand that if I agree to pay the optional charges, Koru Montessori may enforce the payment as they would a fee.

The agreement to pay the Optional Charges will last until I give notice of my intention to withdraw my child from Koru Montessori.

Parents will be required to complete and sign a 20hrs ECE Attestation Form in order that they receive 20hrs ECE funding. The purpose of this form is to confirm the child's eligibility to receive 20hrs ECE. It is the responsibility of the person completing this form to provide true and correct information. Providing false or misleading information is an offense and liable by prosecution. The Attestation form must be updated and signed again upon any changes to the child's enrolment or entitlement to 20hrs ECE.

I agree/do not agree (select one) to pay the Optional Charges for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature: _____ Date: _____

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

◆ Statutory Holidays

Statutory holidays are charged in full. In order to ensure the best care of children in our centre it is important that you inform the centre if your child is going to be absent by completing our notice of absence form.

If your child is going to be away for more than 10 days consecutively you are required to notify in writing for extended leave.

Required Information for Licensing Purposes

Y N

- | | Y | N |
|---|--------------------------|--------------------------|
| ▪ Excursions: I understand that I will be required to give written consent for any excursion on which my child is required to travel by motor vehicle or bus | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Photo/video: I give permission for my child to be photographed while at Koru Montessori for purposes of their personal record portfolio and parent discussion evenings. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Arrival & Departure: I understand that the staff are responsible for my child <u>only during sessions times</u> and that I am responsible for seeing that this child gets to and from the centre safely. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Person contact detail: I give permission for my telephone number to be made available to the Centre families for contact purposes | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Education photographs: I give permission for any such photograph to be used for parent education purposes, including the Koru newsletter and the Montessori Aotearoa NZ magazine. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Personal care: I accept that staff will administer basic first aid and sunscreen products to my child and change her/his soiled clothing when necessary. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Well being: I accept responsibility for any expenses incurred in obtaining medical treatment for my child in an emergency situation. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Emergency relocation: I understand that my child may be taken to an alternative emergency location, e.g. civil defence centre, in the event of an emergency | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Notice period: I understand that I am to give <u>3 weeks written notice</u> of withdrawal of my child from Koru Montessori. | <input type="checkbox"/> | <input type="checkbox"/> |

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

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Koru Montessori 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 Pack:** Please ensure you have read the information in the parent information pack as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into Koru Montessori.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences by completing our Koru portfolio questionnaire provided in our parent information starter pack.

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge. I agree to pay all/any fees in accordance with the 20 hours ECE optional fee policy and current fee structure. I understand fees are to be paid either in full or fortnightly in advance by automatic payment. Failure to maintain fees in advance may result in a late payment fee being applied to my account for every week fees are not paid in advance. Interest may be charged on all overdue balances and any collection costs will be charged to my account.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Service Declaration

On behalf of Koru Montessori, I declare that this form has been checked and all relevant sections have been completed.

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

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