

# Koru Montessori

21 Kapiti Place ~ Sunnynook ~ North Shore City

## CONFIDENTIAL ADMISSION AGREEMENT

Office Use Only		
Date of Enrolment: ...../...../.....	Date of Entry: ...../...../.....	Leave date: ...../...../.....

<b>CHILD:</b> First Name(s): .....	Surname: .....
Female/Male	Date of Birth: ...../...../.....

Usual Address: .....	Alternate Address:.....
.....	.....
.....	.....
Ethnicity:.....	
If NZ Maori, Iwi affiliation(s):.....	
Languages spoken at home:.....	
(Statistical data is provided to the Ministry of Education)	

### PARENT/GUARDIAN/CAREGIVER (←Delete those not applicable →) PARENT/GUARDIAN/CAREGIVER

Name: .....	Name: .....
Relationship:.....	Relationship:.....
Address (if different from child's): ..... .....	Address (if different from child's): ..... .....
Phone: Home..... Bus ..... Mob.....	Phone: Home..... Bus ..... Mob:.....
Email:.....	Email:.....
Occupation:.....	Occupation:.....

### Alternative Contacts:

Name(s): ..... .....	Phone No(s): ..... .....
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### EMERGENCY CONTACT:

Name: .....	Phone: Home.....
Address .....	Bus .....
.....	Relationship: .....

**Child's Doctor:** ..... Phone: .....

Medical Information: (e.g. special needs, allergies, asthma, convulsions hepatitis B etc & any medication required)

.....

**DOES YOUR CHILD REQUIRE SPECIAL RESOURCES?** YES  NO

e.g. Wheelchair access, support personnel. Please specify: .....

**ADMISSION DETAILS:**

Only those people named below will be allowed by staff to collect your child from the Centre (unless special arrangements are made)

Name(s): Phone No(s):  
.....  
.....

**Name/s of any person expressly forbidden by law to have access to your child. A copy of the legal document pertaining to this must be sighted by the staff member completing this form.**

Name(s): Document No.: Staff Initials:  
.....  
.....

**DUAL ADMISSION DISCLOSURE:**

I, ..... hereby confirm that this child ....., is **not** enrolled to attend sessions at any other government funded early childhood centre which are held at the same time as the sessions she/he is enrolled to attend at this Centre.

**20 hours ECE details**

Is your child receiving 20 hours ECE for up to 6 hours per day, 20 hours per week at Koru Montessori?

Yes No (circle one)

Is your child receiving 20 hours ECE at any other services?

Yes No (circle one)

If yes, please sign to confirm your child does not receive more than 20 Hours ECE per week across the services.

.....

I authorise the Ministry of Education to make enquiries it deems necessary regarding the information provided in the 20 Hours ECE Details Box to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE. I also consent to Koru Montessori providing relevant information to the Ministry of Education, and to other early childhood education services my child is enrolled at, about the information in this box.

**Signed:** ..... **Date:** .....

**Note: Any changes to Admission arrangements must be immediately notified to a member of the Centre staff.**

**OTHER IMPORTANT INFORMATION**

**IMMUNISATION CERTIFICATE:**

Fully Immunised (tick)

Certificate must be sighted and a copy given to Koru Montessori Preschool Yes  No

Date certificate sighted..... **Or** I have made an informed decision **not** to have my child immunised against (please circle):

Hepatitis B Tetanus Polio Pertusis Mumps Diphtheria Hib Rubella Measles

I understand the requirement under the Health (Immunisation) Regulations 1995 to produce a certificate, but are unable to do so because

.....

- I understand that Koru Montessori staff are responsible for my child only during session times and that I am responsible for seeing that this child gets to and from Koru safely. Yes  No
- I understand that I will be required to give written consent for any excursion where my child is required to travel by motor vehicle. Yes  No
- I give permission for my telephone number to be made available to the Koru families for contact purposes. Yes  No
- I give permission for my child to be photographed while at Koru for purposes of their personal record portfolio. Yes  No
- I give permission for any such photograph to be used for parent education purposes, including the Koru newsletter and the Montessori Aotearoa NZ magazine. Yes  No

- I accept that staff will apply basic first aid and sunscreen/insect repellent products to my child and change her/his soiled clothing when necessary.
- I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation.
- I understand that my child may be taken to an alternative emergency location, e.g. civil defence centre, in the event of an emergency.
- I understand I am required to give 3 weeks written notice of withdrawal of my child from the preschool.
- I agree to pay all/any fees in accordance with the 20 Hours ECE optional fee policy and current fee structure. I understand that a 10% penalty will be added for any late payment of invoices and all costs in relation to collection of overdue accounts will be added to my/our account.
- The person responsible for payment of all fees:

Name: ..... Address: .....

Signed:.....

**I declare that all above information is correct**

**NAME:** .....(Please print)    **SIGNATURE:** .....

**DATE:** .....

(Parent/Guardian/Caregiver)

***This is an official document and must be retained in the Centre for 7 years.***

**A non refundable enrolment fee of \$50.00 per family applies. Please attach this to your enrolment and post to:**

**Koru Montessori  
21 Kapiti Place  
Sunnynook 0620  
North Shore  
Auckland City**