



ENROLMENT AGREEMENT

Child's Details

Child's surname: _____ Child's date of birth: _____

Child's given name: _____ Child's ethnic origins: _____

Child's middle name: _____ Child's language spoken at home: _____

Child's preferred name: _____ Child's iwi: _____

Child's primary address _____ Postcode _____

Child's gender: Male Female Other Rather not say

Copy of official verification documents collected by staff:

New Zealand passport

Foreign passport

New Zealand birth certificate

Foreign birth certificate

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: eli.education.govt.nz
- Our preschool is committed to keeping children healthy and safe. We may share information with appropriate agencies (such as health and education providers or other agencies involved with your child's life) if sharing that information will protect or improve safety, health or well-being of a child.
- Our preschool by law can always share information with Oranga Tamariki and the Police. This is in accordance with The Privacy Amendment Act 2013 and the Vulnerable Children's Act 2014.

Parents / Guardians

Surname: _____ Surname: _____

Given name: _____ Given name: _____

Address: _____ Address: _____

Phone (mobile) _____ Phone (mobile) _____

Phone (home): _____ Phone (home): _____

Phone (work) _____ Phone (work) _____

Email: _____ Email: _____

Relationship to the child: _____ Relationship to the child: _____



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Parents / Guardians

Surname: _____	Surname: _____
Given name: _____	Given name: _____
Address: _____	Address: _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home): _____	Phone (home): _____
Phone (work) _____	Phone (work) _____
Email: _____	Email: _____
Relationship to the child: _____	Relationship to the child: _____

Emergency Contacts

People who we can contact in an emergency if we are unable to get hold of the child parents/guardians

Surname: _____	Surname: _____
Given name: _____	Given name: _____
Address: _____	Address: _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home): _____	Phone (home): _____
Phone (work) _____	Phone (work) _____
Relationship to the child: _____	Relationship to the child: _____

Surname: _____	Surname: _____
Given name: _____	Given name: _____
Address: _____	Address: _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home): _____	Phone (home): _____
Phone (work) _____	Phone (work) _____
Relationship to the child: _____	Relationship to the child: _____

Additional people who can pick up your child

Full name: _____	Full name: _____
Phone: _____	Phone: _____
Relationship to the child: _____	Relationship to the child: _____

Full name: _____	Full name: _____
Phone: _____	Phone: _____
Relationship to the child: _____	Relationship to the child: _____



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Custodial Statement

Is there any custodial arrangements concerning your child?

Yes

No

If YES, please give details of any custodial arrangement or court orders (a copy of any court order is required).

Full name: _____

Full name: _____

Full name: _____

Full name: _____

Health

Child's Doctor: _____ Phone: _____

Name of medical centre: _____

Allergies: _____

Illnesses: _____

Is your child up-to-date with immunisations?

Yes

No

Please provide a copy of your child's immunisation record and give any updates to you child's immunisation status.

Medicines

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.

- Aloe vera (from the plant)
- Stingoel gel
- Scratchy and Itchy Soothing Gel
- Arnica cream (for bruises)
- Calendular (for cuts and grazes)
- Sudocream (for nappy rash)

Do you approve category (i) medicines to be used on your child?

Yes

No

Parent/Guardian _____

Date: _____

Category (ii) Medicines

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 _____

Date: _____

Category (iii) Medicines

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. The teaching team will provide you with a Medicine Administration Form to complete. You are welcome to store Category (iii) Medicines at the service.

Parent/Guardian _____

Date: _____

Cultural Considerations

At Horizons Montessori, we are committed to providing a nurturing and inclusive learning environment for all our tamariki. To further enhance our efforts in creating a culturally diverse and respectful community, we kindly request your assistance. To better understand and appreciate these cultural backgrounds, we would greatly appreciate it if you could provide us with information about any cultural considerations that are important to your family.



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Enrolment Details

Date of enrolment: ___/___/___ Date of entry ___/___/___ Date of Exit ___/___/___

When your child turns 3 years old they are eligible for 20 Hours ECE, fill out the boxes below the the hours attested e.g. 6 hours

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. Your child's enrolment will automatically end on their 5th birthday, unless stated otherwise in the above "Date of Exit" section.

Date enrolled	Mon	Tue	Wed	Thu	Fri	
Time enrolled						Total:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Free ECE hours at this service						Total:
20 Free ECE hours at another service						Total:

20 Free Hours Attestation

- Is your child receiving 20 Free ECE hours for up to 6 hours per day, 20 hours per week at this service? Yes No
- Is your child receiving 20 Free ECE hours at any other service? 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 _____ Date: _____

Dual Enrolment Declaration

I hereby declare that my child is / is not (circle one) enrolled at another early childhood service at the same time that he/she is enrolled at Horizons Montessori

Parent/Guardian _____ Date: _____

Optional Charges

Applies to children receiving 20 Free ECE hours.

- The optional charge of fifty cents per booked hour is to enable the preschool to employ qualified registered teachers above the minimum Ministry of Education requirement. This allows the centre to offer quality education for your child.
- I understand that the optional charge will automatically be added to my child's enrolment from the day they turn three years old. If I agree to pay for the optional charge, Horizons Montessori may enforce payment.
- If I opt out of paying this fee, I understand that my intentions to opt out must be clearly communicated to management via email or conversation
- The rules about making changes to the agreement are:
 - Changes to be notified in writing two weeks prior to the changes.

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

Parent/Guardian _____ Date: _____



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Statutory Holiday / Term Breaks

Under twos: The under twos runs at normal hours throughout the year and closes during the Christmas/New Year period.

Over twos: Runs its normal programmes during the school terms. During the school term breaks Horizons Montessori runs a Holiday Club for children with current enrolments. Notifications will be made to parents and caregivers when Holiday Club registrations are available

Montessori Horizons Preschool is closed for all Public Holidays and four a three to four week period over Christmas and New Year

Previous Centres Attended

Has your child previously been enrolled in any other ECE services?

Yes No

Centres attended: _____

Parent/Guardian _____

Date: _____

Permissions

Storypark

Storypark is a secure online network that enables families to be more involved in their children's learning. You will be invited to create a Storypark log in when your child starts their enrolment. We need parental consent for your child to be included in group learning stories. If your child is included in group learning stories, this means that they may be in photos that other members can see of our Horizons Montessori community.

I **do** give permission for my child to be included in group learning stories on Storypark

I **do not** give permission for my child to be included in group learning stories on Storypark

Hearing and Vision Checks

As part of the B4 School check all four-year olds are offered routine vision and hearing testing. This takes place at Horizons Montessori and consists of games to test vision and hearing. Please sign below to give permission for your child's vision and hearing to be tested as part of the B4 School check.

I **do** give permission for my child to be included in hearing and vision checks

I **do not** give permission for my child to be included in hearing and vision checks

Use of images

I give permission for images of my child to be used for the following purposes.

Newsletters to parents

Horizons documents eg; parent handbook

Facebook and Instagram

Advertising in the newspaper

Short walks

Short walks include any excursion where the destination or route is within the distance from Riwaka School to the Riwaka Hall, and that doesn't require vehicle transportation. The Horizons team will ensure a Hazard Management Plan is complete and all health and safety regulations are met before the excursion taking place.

I **do** give permission for my child to participate in short walks

I **do not** give permission for my child to participate in short walks

Other permission forms will be issued for any excursion that requires vehicle transportation.

Parent/Guardian _____

Date: _____

Additional Information

Policy Statement

Horizons 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. Policies can be accessed through Storypark, there is also a printed copy in the office.

Parent Information Book

Please ensure you have read the information in the parent handbook 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 the service.

Profile Books

Your child will be allocated a key teacher during their settling-in process. The role of the key teacher is to observe and document your child's learning journey while attending Horizons Montessori and be a contact person for families.



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Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian _____ Date: _____

Service Declaration

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

Centre Manager _____ Date: _____