



ENROLMENT AGREEMENT FORM

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

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 New Zealand passport Other

Foreign birth certificate Foreign passport

Child's date of birth: dd / mm / yyyy Male Female

Child's ethnic origin/s Iwi your child belongs to Language/s spoken at home

.....

.....

Child's primary residential address

.....

Postcode

Number of children in family Place in the family Religious Denomination

I understand that acceptance into SmartStart is conditional on my child being fully toilet trained.

Is your child in pull ups? Yes No Can your child go to the toilet independently? Yes No

Can your child wipe own bottom? Yes No How long has your child been out of nappies for?

Three weeks with no accidents indicates that your child is toilet trained. Signed Date / /

FAMILY INFORMATION:

Mother / Stepmother / Guardian (circle one) Title Father / Stepfather / Guardian (circle one) Title

Surname Surname

First Name First Name

Address Address

.....

Home phone Fax Home phone Fax

Mobile Mobile

Email Email

Occupation Occupation

Business name Business name

Business phone Business phone

Business address Business address

.....



EMERGENCY CONTACT NAMES AND PHONE NUMBERS: (in order of contact preference, and should be persons other than immediate parents / caregivers)

Name	Relationship
Phone	Mobile
Name	Relationship
Phone	Mobile
Name	Relationship
Phone	Mobile

PERSONS AUTHORISED TO COLLECT YOUR CHILD:

Name	Relationship	Mobile/ph
Name	Relationship	Mobile/ph
Name	Relationship	Mobile/ph

Who will normally collect the child?

Address (if not already stated)

PLEASE NOTE: The people you have listed above are the only people who can take your child from the preschool. If there is any alteration to the above, please inform the preschool and make a note on the daily register.

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 cannot pick up your child:

Name	Name
Name	Name

AUTHORISATIONS FOR PHOTOGRAPHY AND VIDEO:

Photos of your child will be used for purposes of assessment, planning and evaluation.
 I understand photos of my child will be used in planning stories, where they will be placed on the cloakroom and/or classroom wall to inform parents/caregivers of the child led learning taking place.
 The photos will also be used in your child's individual portfolio as a learning story. Group photos, will be used in group learning stories, where photos of your child with other children will be placed in those other children's portfolio. Video recordings, if any, will be solely used by teachers for assessment purposes, and not shown to anyone else without your permission.

I consent / do not consent for my child to be photographed or recorded on video while at preschool.

I consent / do not consent for my child's image to be used on Smart Start Montessori's website.

Signed Date

AUTHORISATION FOR CLASS TRIPS:

I consent / do not consent for my child to participate in trips away from preschool. (The ratio for class trips is 1 adult to 2 children)

I consent / do not consent for my child to participate in spontaneous trips within walking distance of Smart Start preschool for the purpose of concert practice, road safety instruction etc. (The ratio for these class trips is 1 adult to 6 children)

Signed Date



MEDICAL INFORMATION:

Doctor Phone
Address Name of Medical Centre

Is your child up-to-date with immunisations? (tick one) Yes No
(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded: (tick one) Yes No

Hospitalisations

Medications

Does your child have any of the following.

Any chronic illness / condition? if so, are there any implications or actions to be followed in relation to that illness / condition?

Speech problems? Vision problems?

Seizures (convulsions)? Sleeping problems?

Asthma? Behavioural problems?

Start walking after 14 months? Allergies?

Ear infections?

Is there anything else you think the school should know to ensure the best possible care?

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.

Do you approve category (i) medicines to be used on your child? Yes No

Name/s of specific category (i) medicines that can be used on my child.

- Arnica cream
- Insect bite cream-Anthisan

Parent/Guardian Signature Date

MEDICINE: 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.

For staff: Individual health plan sighted and a copy taken Yes No

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

MEDICAL AUTHORISATION:

I agree to keep my child at home if they are unwell or suffering from any condition that is contagious. I will notify the preschool promptly of my child's absence and inform them of the nature of the illness.

I authorise Smart Start Montessori Preschools to administer medication provided by me for my child and in the event of illness or accident to conduct first aid and/or seek medical advice as they feel necessary for my child's best interest.

In the event of an emergency, I authorise Smart Start Montessori Preschools to seek professional medical assistance or treatment as they deem necessary. I accept responsibility for the cost of these services.

Parent/Guardian Signature Date



ENROLMENT DETAILS:

Application date Start date Finish date

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.

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
Times Enrolled						

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

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

Parent/Guardian Signature Date

SCHOOL FEES:

- a) I agree to pay the term's fee within the first two weeks upon receipt of the account at the beginning of each term.
- b) Fees are payable by direct credit, cash or cheque. Credit cards are not accepted for payment.
- c) If I am unable to meet this obligation, I will contact management immediately and pay a 5% late payment penalty.
- e) I understand and accept that irrespective of any arrangement I may make with any third party to pay fees (eg Income Support Services, Trusts etc) the full responsibility to pay Smart Start Montessori Preschools' fees remains with me.
- f) I understand and accept that if any fee or charge remains unpaid, beyond the time specified above, my child's enrolment may be forfeited and the debt passed on to a Debt Collection Agency for collection. I accept responsibility for all recovery and legal costs incurred in this process. An additional 5% late payment penalty will be added for every term that the payment remains unpaid.

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? Yes No
- 2. Is your child receiving 20 Hours ECE at any other services? 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 Smart Start Montessori 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 Smart Start Montessori.

Parent/Guardian Signature Date



OPTIONAL CHARGES:

1. The optional charge is for:

- Contributing towards the cost of having all (100%) of Smart Start Montessori's teachers fully qualified and registered with the NZ teachers council. We have chosen to do this to ensure a high quality of early childhood education for the children attending our preschools. We also believe that because all registered teachers are police vetted by the NZ Teachers Council, by having all our teachers fully registered, we are assured of the safety of our children who attend our preschools.
- Our unique 'Individual Reading Programme'.
- Maths and writing work books.
- Holiday discounts.
- Fruit/vegetables and food supplied everyday for practical life.
- Annual Concert hall hire.
- Sunscreen lotion.
- Insect repellent.
- Arnica for bruises.
- Occasional Treats.

2. I understand that if I agree to pay for the optional charges, Smart Start Montessori may enforce payment.

3. The agreement to pay the optional charges will last for the duration of your child's attendance at Smart Start Montessori.

4. I agree to give six weeks (within term time) notice in writing to make changes to paying this optional charge.

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

However, be aware that we will have to withhold additional features covered by the optional charge.

6. Optional charges are payable in advance in the first two weeks of term.

7. If your child is away for any amount of time on holiday or is sick, you are still obligated to pay for the whole term's invoice.

8. I agree / do not agree to pay the optional charges for the costs specified in this enrolment agreement form.

Parent/Guardian Signature

Date

STATUTORY HOLIDAYS / TERM BREAKS:

This enrolment agreement is **inclusive** of school Term Breaks.

Please note you will not be charged either optional charges or fees, if your child does not attend Smart Start Montessori's Holiday Programme.

Smart Start Montessori Pre Schools close on the following Statutory Holidays:

Auckland Anniversary Day, Waitangi Day, Good Friday, Easter Monday, ANZAC Day, Queens Birthday, and Labour Day.

Full fees are applicable if your child is enrolled to attend on these days normally.

NOTICE OF WITHDRAWAL:

a) I agree to give six weeks (within term time) notice in writing, or pay six week's fees to management before withdrawing my child from Smart Start Montessori Preschools.

EXPLANATION OF TERMS:

a) Throughout this document the term "Smart Start Montessori Preschools" refers to Preschools owned by Smart Start Montessori Ltd.

ADMISSION INFORMATION:

How was your child introduced to Smart Start Montessori Preschools?

Reasons for choosing Smart Start Montessori Preschools?

**ADMISSION:**

- a) This application will be considered official when the completed form has been returned with the non-refundable fee of \$75.
- b) Admission is conditional upon a parent/child interview. We reserve the right to refuse admission or request the withdrawal of a pupil for any cause which in the opinion of the preschool is deemed reasonable.
- c) My child will start attending at Smart Start Montessori Preschools at a specified starting date agreed upon between myself and management. I understand that if my child is then unable to attend at the specified starting date, I will still have to pay the fees for that term or the remainder of that term.

ARRIVAL AND DEPARTURE:

- a) I agree to sign the daily register on arrival and departure. I am aware of the designated start and finish times of each session and agree to deliver and collect my child on time.
- b) I will call staff at Smart Start Montessori Preschools if I am unavoidably late. I acknowledge that a late collection fee of \$10 applies on each occasion that my child is collected more than 10 minutes after the designated time. Additional to this late collection fee, I understand a charge of \$6 per half hour or part thereof will also be payable if I arrive after the designated time.
- c) I will ensure that all doors and/or gates are securely closed each time on entering and exiting Smart Start premises.
- d) I understand that my child cannot be delivered or collected from Smart Start Montessori Preschools by persons under the age of 16.

PARENT DECLARATION:

I agree to all terms and conditions of this application, and declare that all the information provided is true and correct to the best of my knowledge.

Signed (mother)

Date

Signed (father)

Date

Preferred preschool to attend (please tick one)

99 Grange Road

22 Ellerton Road

Preferred sessions

SERVICE DECLARATION:

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

Service Provider Signature

Date

COMMUNICATIONS:

All notices and written communications should be addressed to:

The Principal, Smart Start Montessori Preschools, 99 Grange Road, Mt Eden, Auckland

FOR OFFICE USE:

Application fee received (date)

Receipt sent (date)

On waiting list

Date data entered

Date of pupil entry

