

Enrolment Agreement Form

Administration Records

Enrolment Information, **20 Hours ECE** Enrolment Hours and Attestation Information for

St Andrews Preschool

150 Great South Road, Manurewa
P: (09) 267 3149 E: preschool@sapc.org.nz
www.standrewspreschool.org.nz



NOTE: Any changes to the original enrolment agreement form must be signed and dated by the parent/guardian

◆ 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: eli.education.govt.nz

* Information about acceptable identity verification documents is available online at 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.

Parents / Guardians:	
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:
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 (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
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):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

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:

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):
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 (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

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

Health	
Illness/allergies:	
Specific dietary requirements / special needs:	
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"/>
OFFICE STAFF: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorisation for Centre staff to apply sunscreen	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Permission for my child's head to be checked for head lice by Centre staff In the case of my child having head lice, he/she may be asked to stay home until treated	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorisation to seek medical attention / advice in case of emergency	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child toilet trained? If yes, does your child require help?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Children with a fever, rash, sticky eyes, diarrhoea or vomiting are required to stay home until 48 hours after symptoms settle. We reserve the right to ask parents/guardians for a doctor's clearance before their child is able to return to the Centre after suffering an infectious illness.	
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 *St Andrews Preschool* 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

☐

No

☐

Name/s of specific category (i) medicines that can be used on my child, **provided by service**:

▪ Basic First Aid

▪ Savlon, Papaw Cream / Arnica

▪ Paracetamol (Pamol)
(permission sought before administering medicine)

▪ Antiseptic liquids / Dettol

Parent/Guardian Signature: _____ 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 Signature: _____ 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.

For staff: Individual health plan sighted and a copy taken:

Tick One:

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: ____ / ____ / ____

◆ 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** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

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 [insert name of service].

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

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. However St Andrews Preschool closes for 3 weeks in December to January of each year.

St Andrews Preschool is **not open** on Statutory Holidays i.e. on any of the following public holidays that may fall on a weekday.

New Year's Day	<input checked="" type="checkbox"/>	Easter Monday	<input checked="" type="checkbox"/>	Christmas Day	<input checked="" type="checkbox"/>
Day after New Year's Day	<input checked="" type="checkbox"/>	ANZAC Day	<input checked="" type="checkbox"/>	Boxing Day	<input checked="" type="checkbox"/>
Waitangi Day	<input checked="" type="checkbox"/>	Queen's Birthday	<input checked="" type="checkbox"/>	Auckland Anniversary Day	<input checked="" type="checkbox"/>
Good Friday	<input checked="" type="checkbox"/>	Labour Day	<input checked="" type="checkbox"/>		

Permissions

Excursions: Local

Staff / Child Ratios 1:3

Permission for my child to take part in regular local excursions (under the conditions stated in the excursions policy), such as trips to the library, playgrounds & nature trails

Tick One Yes ☐ No ☐

Excursions: Other (e.g. children's events, museums, shows etc.) with permission slip

Staff / Child Ratios 1:3

Permission for *St Andrews Preschool* to provide excursion transport for my child, including travel by motor vehicle to and from the Centre. Children will be restrained as per Land Transport Legislation

Tick One Yes ☐ No ☐

Photography:

Permission to carry out written observations and use digital images of my child for the purposes of assessment, planning, recording, evaluation and centre displays

Tick One Yes ☐ No ☐

Publicity:

Permission for my child to be photographed for promotional use - including newsletters, preschool website, Facebook and other educational publications - for both St Andrews Preschool and St Andrews Presbyterian Church (*student names will not be released*)

Tick One Yes ☐ No ☐

Health Checks: Hearing & Vision / Plunket

Permission for my child to complete a vision, hearing and glue ear test as part of the vision and hearing universal screening programme
(Your consent will also allow the results of the test to be entered into the B4School database)

Tick One Yes ☐ No ☐

Policy Statement

St Andrews Preschool 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 Policy Folder is found on the bookcase next to the Office)

Fees Policy

St Andrews Preschool is open from Monday to Friday each week from 8:00am – 5:30pm.
We offer 30 free hours for children aged 3 years and over (including 20 hours ECE funding). Conditions apply.
Please refer to our Fees Policy (attached) for all information regarding our costs.

Optional Donation

St Andrews Preschool aims to provide a top standard of care. We do this by maintaining a high level of staff-to-child ratio of **1:7** (*Ministry of Education requirement is 1:10*). In order to maintain this level of staffing and care we rely on the generosity of our parents & families. If you would like to make a donation to us you may do so at the Centre or through our trust bank account:

St Andrews Preschool: 06-0359-0013422-00
Particulars – DONATION; Reference – CHILD'S NAME

*If you require a tax donation receipt, these will be available after the end of the financial year (31 March).
For further enquiries and tax receipts, please see the Administrator*

◆ Parent Declaration

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

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

OFFICE USE:

Service Declaration

On behalf of [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

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

Transition to School Visits

_____ began transition to school visits on (date) ____ / ____ / ____

If known:

School: _____

Dates / times of visits: _____

ST ANDREWS PRESCHOOL

FEES POLICY



We are a Christian Ministry to the community and a not-for-profit organisation. It is the Centre's philosophy to keep fees as low as possible. 20 free hours Early Childhood Education (ECE) are available to children aged 3 years up until their sixth birthday, these are limited to 6 hours per day.

St Andrews Preschool offers an additional **10** free hours for children aged 3 years and over, a total of 30 free hours per week. This is subject to the child receiving their full 20 hours ECE at St Andrews Preschool.

Fees

3, 4 & 5 year olds: **\$6.00 per hour** (for booked hours over the 30 free hours)

2 year olds: **\$6.00 per hour** (for all booked hours)

- The fee schedule is available at all times and is displayed on our noticeboard
- All fees will be charged fortnightly
- Fee payments may be made by cheque, cash, WINZ subsidies or direct credit.
- If fees are not paid when they are due, the Administrator or representative of the preschool will make contact with the parent/caregiver, either in person or by phone, to arrange when and how the outstanding fees will be paid.

If payment for the fees is not received within fourteen days after the due date for payment (or by any other date agreed between St Andrews Preschool and the parent/caregiver), the parent/caregiver will be directed to not bring their child to the Centre until payment for the outstanding fees is received in full.

Further, a debt collection agency may be instructed to collect the outstanding fees on behalf of St Andrews Preschool with the costs given to the parent.

- Late pick up charges may apply if child is dropped off or picked up outside timetabled hours
- There is no charge when the Centre is closed for 3 weeks over Christmas / New Year
- Enrolled sessions missed due to illness, family holiday or other absences will be charged (if applicable)
- Extended sessions missed due to child's serious illness – fee may be negotiated
- Enrolled sessions missed due to extended family holiday with child's place still held will incur a holding fee. This must be arranged with the Administration Manager in advance.
- **Notice of withdrawal:** Parents/caregivers are required to give St Andrews Preschool Management two weeks (14 days) written notice prior to a child's withdrawal from the Centre. If you are unable to give the required notice, two weeks fees will be charged to your final account. All fees must be paid in full before the child leaves the Centre.
- Fee changes are advised through newsletters, email and on the parent notice board.

*The Centre is eligible for parents/caregivers to apply for WINZ subsidies - www.workandincome.govt.nz
Any subsidies will be paid directly to the Centre and the invoice will be credited with the subsidised amount.*

In signing this form, I / we agree to and understand the fees policy:

Parent / Guardian Name: _____ Signature: _____ Date: _____

Parent / Guardian Name: _____ Signature: _____ Date: _____