

# FREYBERG COMMUNITY Preschool

**OPENING THE DOORS ON LIFELONG LEARNING**  
**60 Roberts Road, Te Atatu South. Ph: 09 836 5889**

## OFFICE USE ONLY

START DATE:

FINISH DATE:

IDENTITY VERIFICATION:

Birth Certificate  NZ Passport  Other

SIGHTED IMMUNISATION CERTIFICATE?

15mth  4 years  Not immunised

RECEIVING 20 HOURS  Yes  No

## CHILD'S INFORMATION

CHILD'S FIRST NAMES:

CHILD'S OFFICIAL SURNAME:

NAME YOUR CHILD IS KNOWN BY:

DATE OF BIRTH:

Male  Female

PRIMARY ADDRESS:

POSTCODE:

ETHNIC ORIGIN:

Iwi (if applicable):

LANGUAGE/S SPOKEN AT HOME:

## PARENTS / GUARDIANS

FIRST NAMES:

FIRST NAMES:

SURNAME:

SURNAME:

RELATIONSHIP TO CHILD:

RELATIONSHIP TO CHILD:

PRIMARY ADDRESS:

PRIMARY ADDRESS:

PHONE (Home):

PHONE (Home):

PHONE (Work):

PHONE (Work):

PHONE (Mobile):

PHONE (Mobile):

EMAIL:

EMAIL:

## EMERGENCY CONTACTS

FULL NAME:

FULL NAME::

PHONE:

PHONE:

## ADDITIONAL PEOPLE ABLE TO PICK UP CHILD

FULL NAME:

FULL NAME::

PHONE:

PHONE:

## CUSTODIAL STATEMENT

Are there any custodial arrangements concerning your child?  Yes  No

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:

## CHILD'S DOCTOR

CLINIC NAME:

DR NAME::

ADDRESS:

PHONE:

## CHILD'S HEALTH

ALLERGIES:

ILLNESSES:

CULTURAL / RELIGIOUS OR DIET REQUIREMENTS:

UP TO DATE IMMUNISATIONS?  Yes  No (Please provide verification of all immunisations)

**FOR STAFF:** Immunisation Records sighted and details recorded?  Yes  No

## MEDICINE

### CATEGORY (i) MEDICINES

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, saline solution, 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.

I APPROVE FOR THE ABOVE CATEGORY (i) MEDICINES TO BE USED ON MY CHILD?  Yes  No

CATEGORY (ii) MEDICINES – Medicine register needs to be filled out if any medicines are to be administered for a limited time.

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.

NAME OF MEDICINE:

METHOD AND DOSE OF MEDICINE:

WHEN DOES THE MEDICINE NEED TO BE TAKEN: (STATE TIME OR SPECIFIC SYMPTOMS)

**FOR STAFF:** Individual health plan completed and signed:  Yes  No

## ENROLMENT DETAILS (MANAGEMENT ONLY)

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:
FOR 20 HOURS ECE FILL OUT BOXES BELOW WITH THE HOURS ATTESTED E.G. 6 HOURS						
20 Hours ECE at this service						Total:
20 Hours ECE at another service						Total:

## 20 HOURS ECE (3 & 4 YEAR OLDS ONLY)

IS YOUR CHILD RECEIVING 20 HOURS ECE FOR UP TO SIX HOURS PER DAY, 20 HOURS PER WEEK AT THIS SERVICE?     Yes     No

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 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:     /     /

## OPTIONAL CHARGES:

This optional charge is for any trips you chose for your child to participate in (prior notice will be given), optional homework and writing books and the cost of a portfolio.

## STATUTORY HOLIDAYS / TERM BREAKS

Freyberg Community Preschool is closed for all school holidays and statutory holidays. These dates will be advertised in our regular newsletters and on the whanau noticeboard.

## ADDITIONAL INFORMATION FOR LICENSING PURPOSES

• **Policy Statement:** Our centre 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 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.

## PARENT DECLARATION

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

I attest to the 20 Hours enrolment hours detailed in this form.

I confirm that:

- My child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- I 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 my child's eligibility for 20 Hours ECE.
- I consent to this centre providing relevant information to the Ministry of Education, and to other early childhood education services my child is enrolled at, about the information contained in this form.

I understand that this centre invites me to make an optional payment toward my child's participation and that:

- I understand that if I agree to pay for the optional charge, the centre may enforce payment.
- The agreement to pay optional charges will last for the time my child is enrolled at Freyberg Preschool.
- The rules about making changes to the agreement are:
  - I understand that optional charge is not compulsory and if I choose not to pay there will be no penalty.
  - **I AGREE / DO NOT AGREE** (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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 this centre.

**I APPROVE / DO NOT APPROVE** the administration of the category (i) or (ii) medicines detailed in this form to be used on my child.

**I APPROVE / DO NOT APPROVE** the administration of the category (iii) prescription medicines detailed in this form to be used on my child in accordance with the prescription instruction.

I understand that my child may be photographed or videoed from time to time as part of the centre's assessment, planning and evaluation practices. No image of my child will be used for promotional or other purposes without my separate written consent.

I agree to pay any extra costs for trips or events if my child is going to attend.

I agree to pay for any extra costs/fees set by a debt collection agency if they are required to collect from me any outstanding fee's.

I give my child permission to be taken for walk within Freyberg Community School as part of our Transition to School Programme (ratio will be as required on license 1 teacher to 10 children)

I give my child permission to be taken on impromptu walks within the community with a ratio of 1 teacher to 10 children (see travel policy folder on portfolio shelf)

I give permission for photos and videos to be taken of my child and displayed within the pre-school environment as well as on our Facebook page and website.

I agree to keep my child home in the event of sickness or infectious illness such as chickenpox, measles, vomiting/diarrhea etc

What primary school will your child attend: \_\_\_\_\_. I give permission for my child's details to be given to this school.

I understand a \$12 late fee will be added to my account if I am late picking up my child.

I agree to provide a birth certificate and immunisation certificate on enrolment.

I have read and understand the Privacy Statement at the bottom of this form.

**PARENT/GUARDIAN SIGNATURE:**

**DATE:**        /        /

## SERVICE DECLARATION

On behalf of Freyberg Community Preschool, I declare that this form has been checked and all relevant sections have been completed.

**SERVICE PROVIDER SIGNATURE:**

**DATE:**        /        /