

Enrolment Form

Official Full Name of Child: _____

Male/Female: _____ **Known as:** _____

(Birth certificate attached/sighted) Yes / No: _____

Age: _____ **Date of Birth** (dd/mm/year): _____ **Toilet Trained** (yes/no): _____

Residential Address: _____

Ethnicity/Nationality of child: _____ **IWI** _____

Other languages child speaks/understands _____

Preferred days of attendance: (Mon, Tues, Wed, Thurs or all) _____

Commencement date: _____

Once my child is approx. 4yrs, I am interested in the extended day program (yes/no): _____

Other children in Family:

<p>Enter name, dob, and school (if attending):</p>
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Name of Enrolling Parent/Guardian: _____

Occupation _____

Address: _____

Phn No: (Home) _____ (Work) _____ Phn No: (Home) _____ (work) _____

Name of other Parent/Guardian: _____

Occupation: _____

Address: _____

Ph No: (Home) _____ (Work) _____ (Mob) _____

Emergency contact other than parents/caregivers

Name: _____ (Relationship): _____ Phone: _____

Full names and Phone of all persons who may collect child:

Is there anyone forbidden by law not authorized to collect your child:

Please enter yes or no. If yes enter name of forbidden person(s).

Doctors Name: _____ **Phone No:** _____

Childs Health (Allergies, major illnesses etc.) (enter in box below):

Are all vaccinations up to date? Yes or no: _____ **If yes certificate sighted?** _____

Information about your child:

Include any behavioural challenges, favourite activity/game/toy, or other relevant information

Permission

- 1) Permission is given for the above child to leave the centre for short walks. Ratios will be maintained.
- 2) Permission is given for the above child to be given emergency medical attention.
- 3) Permission is given for the above child to be photographed or videoed.
- 4) Permission is given for the above child photograph to be used in our advertising material.
- 5) Permission is given for the above child to be observed by visitors to the centre.

Parents/Caregivers signature _____ Date: _____

Your expectations of Montessori:

What are your expectations of Montessori:

Privacy Statement:

Privacy Statement: Montessori Milestones are collecting personal information on this enrolment form for the purpose 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.

I/We have read, understood and agree to the above and following points:

I/We will sign the attendance roll sheet weekly.

I/We will notify the school if anyone other than those listed overleaf is to pick up my child from the school and

I/we understand that my child must be kept in the school until such permission is given.

I/We will notify the school if my child is to be absent. I also understand that fees will still be charged for absence to retain my child's enrolled place.

I/We will not bring my child to the school in the event of sickness or any infectious illness.(eg. Chicken pox, Rubella, Hepatitis, Mumps, Scarlet Fever, Whooping Cough). Diarrhea **48hrs** from last motion and/or vomit.

I/We authorize the school to administer medication provided by me for my child (I will complete a separate Authorisation form each time for this) and in the event of an accident, to seek medical advice as the school may think necessary for my child's best interests. This may include (in case of serious emergency), my child being taken to our local Doctor/Accident & Emergency ward of the Tauranga Hospital.

I/We agree for non-prescription preparation (arnica, pawpaw cream, stingose) to be used for minor first aid treatment.

I/We give permission for my child's eyes and ears to be tested by the health nurse.

I/We give permission for my child to leave the school in the company of staff for short spontaneous excursions.

I/We will complete an enrolment alteration form if any personal details change ie. address, emergency information or if I/we require a change of sessions for my child.

I/we also understand that a subsidy from 'Income support' may be available.

I/We agree that my child is not enrolled concurrently at another centre.

I/we agree that when my child turns three they will be receiving up to 20 hours ECE at this service yes/no

if yes to fill in an

attestation form on starting.

I/We agree to pay additional contributions of \$40-00 per week to Montessori Milestones for discretionary costs for ongoing specialist Montessori Services, excursions, higher teacher ratios over and above the 20 ECE hours. Yes / no (please complete).

I understand that in signing this contract, I accept the terms stated above and I accept the schools educational programs and any modifications deemed beneficial by the school. I also agree to the policy of the school that records and transcripts are confidential and will not be released unless an application has been made by the parent or guardian and that all accounts due have been paid in full. Furthermore, I agree that in the event of default in the payment of any installment provided for in this contract, my child my not be allowed to continue classes and that the undersigned will be responsible for all legal fees and reasonable costs of collection for any outstanding amounts due under this contract.

Parent/Guardian Signature: _____ Date _____

Additional Information

- 1) Are you applying for the child care subsidy from income support YES/NO
- 2) Do you have any special skills or hobbies you may want to share with the children/staff eg – music, arts & crafts, Cultural, Languages, Woodwork, Health, IT etc YES/NO
- 3) If yes to the above please state what skills/hobbies:

- 4) Other resources or skills you can offer? _____
- 5) Any other comments you would like to make _____

Email address: _____

20 ECE Hours Attestation Form

This form must be completed for every child enrolled to receive free ECE at this service.

Please read the information below before you answer any questions and sign this form:

20 ECE is available to three and four year old children who are enrolled and attending a licensed teacher-led early childhood education service.

The maximum ECE hours that can be claimed for each child is 6 hours per day, 20 hours per week across all services that the child is enrolled in.

Services may not charge fees during hours of 20 ECE hours, although some services may request additional charges, contributions or donations. This service (Montessori Milestones Pre school) does charge an additional contribution which you have agreed to pay.

Please confirm that you understand the following: (Please tick boxes)

- You must complete a separate form for each child.
- Failure to complete this form will mean that your child is not eligible for 20 ECE hrs.
- The purpose of completing this form is to confirm your child's eligibility to receive 20 ECE hrs.
- If you make a false statement, or provide any false or misleading information, you may be committing an offence and be liable to prosecution.
- You authorize the Ministry of Education to make any enquiries it deems necessary regarding the information provided on this form to the extent necessary to make decisions about your child's eligibility for

20 ECE hrs. You also consent to the early childhood service providing relevant information to the Ministry of Education, and to other ECE services your child is enrolled at, about the information contained in this form.

Name of child: _____ Date of birth: _____

Is your child receiving 20 ECE hrs at any other centre? YES/NO (Please complete)

Please confirm the daily and total time of 20 ECE claimed at all services your child is enrolled at on the chart

Effective Date: _____	Monday	Tuesday	Wednesday	Thursday	Friday	Total	Initials
<u>Hrs at this service</u> _____							
<u>Hrs at another</u> _____							
<u>Total</u> _____							

below and initial to confirm.

Effective Date: _____	Monday	Tuesday	Wednesday	Thursday	Friday	Total	Initials
<u>Hrs at this service</u> _____							
<u>Hrs at another</u> _____							
<u>Total</u> _____							

Effective Date: _____	Monday	Tuesday	Wednesday	Thursday	Friday	Total	Initials
<u>Hrs at this service</u> _____							
<u>Hrs at another</u> _____							
<u>Total</u> _____							

The above named child does not receive more than 20 hrs ECE per week across all services.
 I will immediately notify all services where the child receives 20 ECE hrs of any changes.
 I have read and understood the information in this form and confirm that the information provided by me is true and correct.

Signed: _____ **Name:** _____ **Date:** _____