



# birkenhead point montessori

## Enrolment Agreement

### Office use

<input type="checkbox"/> Enrolment form completed and signed	<input type="checkbox"/> Birth cert / passport
<input type="checkbox"/> Start date	<input type="checkbox"/> NSN
<input type="checkbox"/> Info care entry	<input type="checkbox"/> Immunisation Cert
<input type="checkbox"/> Enrolment fee	<input type="checkbox"/> Allergies/Medical/Health plan
<input type="checkbox"/> Winz	<input type="checkbox"/> Sibling discount

### Child 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: <input type="checkbox"/> New Zealand birth Certificate <input type="checkbox"/> New Zealand Passport <input type="checkbox"/> Other <input type="checkbox"/> Foreign birth Certificate <input type="checkbox"/> Foreign passport <input type="checkbox"/> Staff initials _____	
Child's date of birth (dd/mm/yyyy): _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s:	
Iwi your child belongs to:	
Languages spoken at home:	
Child's primary residential address (Street and Suburb):	
City: _____	Postcode: _____

We 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 2020. 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 the research, statistics, funding, and the measurement of educational outcomes. You can find more information about national student numbers at: [eli.education.govt.nz](http://eli.education.govt.nz)

### Parent / Guardian 1

### Parent / Guardian 2

Given names:	Given names:
Surname/family name:	Surname/family name:
Address-Street:	Address-Street:
Suburb/Postcode:	Suburb/Postcode:
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-Street:	Address-Street:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

### Additional emergency contacts (also able to pick up child)

Given names:	Given names:
Surname/family name:	Surname/family name:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

### Custodial statement

Given names: Are there any custodial arrangements concerning your child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please give details of any custodial arrangements or court orders: (a copy of any court orders is required, and a photo of the above person if possible)	
Person/s who cannot pick up your child:	
Name:	Name:
Name:	Name:

### Child's doctor

Name:	Phone:
Medical Centre:	

### Health

Illness/allergies: <input type="checkbox"/> Yes (please give details) <input type="checkbox"/> No
Do you have any concerns regarding your child's developmental milestones: <input type="checkbox"/> Yes (please give details) <input type="checkbox"/> No
Is your child up to date with immunisations? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide verification of all immunisations)
Has your child any other condition that could require special medical attention? <input type="checkbox"/> Yes (please give details) <input type="checkbox"/> No
Individual Health Plan completed and signed. <input type="checkbox"/> Yes <input type="checkbox"/> No
Please state any additional information regarding health, allergies, or food requirements that may be helpful to staff:
Can you describe your child's personality to us?

## Medicines

<b>Category (i) Medicines</b> 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. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/s of specific category (i) medicines that can be used on my child, provided by service: <input type="checkbox"/> Naturo Pharm Arnica <input type="checkbox"/> Weleda Calendula Cream  Parent/Guardian signature: _____ Date: _____
<b>Category (ii) Medicines</b> 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 Maori (Maori Plant medicine), 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: _____
<b>Category (iii) medicines</b> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

## 20 Hours ECE attestation

Is your child receiving 20 Hours ECE at any other services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child to receiving 20 Hours ECE for up to six hours per day, 20 hours per week at BPM? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either or both of the above, please sign to confirm that: <ul style="list-style-type: none"> <li>Your child does not receive more that 20 hours of 20hours ECE per week across all services.</li> <li>You authorize 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.</li> <li>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 id enrolled at, about the information contained on this box.</li> </ul> Parent/Guardian signature: _____ Date: _____

## Enrolment timetable

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 /6 hours per day funding. The minimum number of hours per day at this centre is 7 hours.						
Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times enrolled						Total number of hours:
For 20 Hours ECE fill out boxes below with hours attested eg. 6 hours						
20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:
Parent/Guardian signature: _____ Date: _____						

## Dual enrolment declaration

I hereby declare that my child is/is not enrolled in another early childhood institution at the same service times that he/she is enrolled at BPM.  Parent/Guardian signature: _____ Date: _____
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## Terms, conditions, authorisations and permissions

- 1. Enrolment procedure:** If you choose to book a space for your child the place will be secured for you upon receipt of your completed enrolment form, our enrolment fee and 2 weeks advance tuition. We encourage you to send in your completed form as soon as you have made a decision regarding your child's educational journey to avoid disappointment and to enable us to plan our staffing requirements.
- 2. Fee payment and invoices:** Birkenhead Point Montessori Policy and the Ministry of Education licensing regulations require us to employ staff based upon the number of children enrolled. This is why it is important that you book your child in for a regular number of days per week. All accounts are required to be paid in full on fortnightly basis. Invoices will be emailed to all parents on a Monday for 2 weeks advance fees. If my child is absent or on holiday, I will be required to pay the regular fees as per enrolment. If my child is absent for 3 or more weeks, I agree to pay any lost Ministry funding. I am aware that BPM closes down for 2 weeks over Christmas where no fees are charged. I agree to pay the fees as per the fee schedule. I am aware BPM fees are reviewed on an Annual basis.
- 3. Late payment of fees:** Any over due fees may incur a penalty 5%. After a period of three weeks non-payment your child may have their enrolment cancelled. A debt collection agency may be engaged to recover debts or proceedings through the courts may commence. By signing these terms and conditions you are agreeing to all costs incurred in the collection of debt, such as legal costs, court or debt collection fees.
- 4. Leaving the centre:** We require 4 weeks notice in writing if you are planning to remove your child from the Centre. Fees may be charged up to and including the final day.
- 5. Attendance:** If a child is absent due to illness or holidays, please make sure you advise us. The time of your arrival and departure is required to be written in the daily sign in and sign out sheet (Located at the reception desk at all times). In an emergency, this sign in sheet is used to ensure all the children are accounted for.
- 6. Family discounts:** A family discount will apply when 2 or more siblings attend 4-5 days a week at the same time. 10% will apply be applied to the eldest of the 2 children.
- 7. Playball:** I agree that should my child attend Playball Kidz at BPM from 3.30pm that Playball staff will be authorized to pick up my child and sign the signing out sheet. I understand that Playball Kidz staff will be responsible for my child from 3.30pm until pick up.
- 8. WINZ subsidies:** It is the parent's responsibility to check with WINZ to see if they are entitled to a childcare subsidy.
- 9. Hours:** Birkenhead Point Montessori is licensed to have children attend Monday – Friday. Our opening hours are 8.30am-3.30pm. The Centre will be closed on statutory holidays and weekends.
- 10. Settling in and visits:** All children are required to visit the Centre for at least twice for short periods, prior to starting. There will be no charge for visits. Our staff will call you on your child's first full day to update you on you child's progress.
- 11. Pick up and drop offs:** You are required to drop your child off or pick up at your scheduled times. If you are going to be delayed at any of these times, please phone to advise staff. Late Fees may be applied at a charge of \$20:00 per 15 minutes. Staff will only release children into the care of adults documented on this enrolment form. Any other adults collecting will require permission by parents/guardian prior to the child being released.
- 12. Health:** Verification of Immunisations is required; a copy will be taken and included with your child's enrolment file. If your child is unwell, they may be at risk of infecting other children, teachers, adults, including expectant mothers; we ask that you keep your child home until they are well again, and advise the Centre of your child's illness. Any child who has experienced vomiting or diarrhea will be excluded for 48hours from the last episode. If you are contacted to collect your child who has become unwell, we ask that this be done as quickly as possible. Any medication for your child is to be handed to the head teacher, this is to be documented and signed consent by you is required. In the event of an accident or emergency, I authorise application of basic first aid and to seek medical or other advice as deemed necessary and accept any expense incurred in obtaining for my child. I understand if my child becomes ill whilst at BPM, I will immediately pick up or arrange a pick up. I understand it is my responsibility to report any Health and Safety concerns to BPM and responsibility for my actions.
- 13. Food:** Children are required to bring their own lunch. The Centre has a strict NO NUT Policy. We support and encourage healthy, eating habits at BPM.
- 14. Clothing and personal items:** Children are required to bring a named, change of clothes in their bags on a daily basis. Sunhats are compulsory in the summer months. Sunscreen should be applied by parents before attending. BPM staff will also apply sunscreen throughout the day. All children's belongings, including items of clothing, footwear etc. are to be named. Please do not feel obliged to purchase labels, as a permanent marker is ample. Please keep children's toys at home.

15. **Emergency closures:** Should the Centre be closed at the request of the Ministry of Education (emergency closure) you will be required to collect your child from the Centre. Should the Centre be closed at the request of the Ministry of Education (emergency closure) you will be required to collect your child from the Centre.
16. **Policies:** BPM has a number of policies that set out the procedures that are in place for the care and education of the children who attend. They are located under the signing in sheets and we urge you to read them. The signing of this enrolment agreement form indicates that you will abide by the Policies.
17. **Behaviour:** I understand that if my child repetitively hurts or violates any child, teacher or property, or uses verbal abuse that s/he will be requested to leave BPM.
18. **Statutory holidays and term breaks:** This enrolment agreement is inclusive of school term breaks. BPM is not open on any Statutory Holidays. The Centre will close for a time over the Christmas / New Year period where no fees are charged.
19. **Excursions and activities:** I give permission for my child to be taken by staff for short walks and excursions. I will be required to complete a separate permissions form for all other excursions. I give permission for my child to take part in all school activities and equipment with a teacher/child ratio of 1/10.
20. **Toileting:** I give permission for staff and teachers to change my child's soiled or wet clothing when necessary.
21. **Photography:** I give permission for my child to be photographed or videoed for use within learning records, school newsletters, marketing and website. I understand that any photographs or video images, I as a parent or legal guardian might take at school events will not be used inappropriately. I will not post images on social media without parental approval from the parents of any children who appear in the image
22. **Emergency contacts:** I give authority for people listed on "Emergency contacts who can collect my child" to also sign off medication, Accident/Incident Register etc. I give authority for information to be passed onto any of those people in the event of my absence.

### Parent declaration

By signing this enrolment agreement, I agree to the terms, conditions, authorisations and permissions listed. I declare that all the above information is true and correct to the best of my knowledge.	
Parent/Guardian name: _____	
Parent/Guardian signature: _____	Date: _____

### Service declaration

On behalf of Birkenhead Point Montessori, I declare that this form has been checked and all relevant sections have been completed.	
BPM Manager signature: _____	Date: _____