



# 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"/> SMS 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:
Official Identification document/s sighted 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:	
	Post Code:

### Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry: • for funding allocation purposes • for monitoring purposes • to allow the assignment of a National Student Number\* to your child, and • to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11. Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

\* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at National Student Number (NSN) » NZQA Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: National Student Numbers (NSN) – Education in New Zealand The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

**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:

**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:

**Custodial statement:**

Are there any custodial arrangements concerning your child: Tick One <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 order is required)	
Person/s who <b>cannot</b> pick up your child:	
Name:	Name:
Name:	Name:

**Child's doctor:**

Name:	Phone:
Name of Medical Centre:	

**Health:**

Illness/allergies: <input type="checkbox"/> Yes (please give details and see a staff member as we will need to complete an individual Health Plan) <input type="checkbox"/> No Individual Health Plan Completed Tick One <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns regarding your child's developmental milestones: Tick One <input type="checkbox"/> Yes (please give details) <input type="checkbox"/> No
Is your child up to date with immunisations? Tick One <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide verification of all immunisations) <b>For Staff:</b> Immunisation records sighted and details recorded? Tick one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Staff initials_____

Has your child any other conditions that could require special medical attention? <input type="checkbox"/> Yes (please give details) <input type="checkbox"/> No
Details:
Please state any additional information regarding health, allergies, or food requirements that may be helpful to staff:
Can you please 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. Do you approve category (i) medicines to be used on your child (as listed below)? Tick One <input type="checkbox"/> Yes <input type="checkbox"/> No Name/s of specific category (i) medicines that can be used on my child, provided by the service: <input type="checkbox"/> Naturo Pharm Arnica <input type="checkbox"/> Weleda Calendula Cream <input type="checkbox"/> Sunblock Nivea Sun SPF 50+ Parent/Guardian signature: _____ Date: _____
<b>Category (ii) Medicines</b> Category (ii) Medicines are prescription medicines (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 (Moari 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 that 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

Staff initials \_\_\_\_\_

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:
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**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. The minimum number of hours per day at this centre is 7 hours and the minimum number of days per week is 3.

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:**

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

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 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.
  - You consent to Birkenhead Point 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 Birkenhead Point Montessori.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Optional Charges:

At Birkenhead Point Montessori we don't have any optional charges.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Statutory Holidays / Term Breaks:

At BPM we are open for school holidays except for a two week break over Christmas.

We are closed on the following public holidays if they are observed on a weekday:

New Year's Day	Easter Monday	Labour Day
Day after New Year's Day	ANZAC Day	Christmas Day
Waitangi Day	King's Birthday	Boxing Day
Good Friday	Matariki	Auckland Anniversary Day

### Required Information for Licensing Purposes:

**Local Excursions:** At BPM we like to support learning in our community. Please sign below to give your consent for your child to participate in our local excursions. The risk assessments for these excursions are in our policy manual at the front entrance. Our Ratio for local excursions is 1:4.

**Birkenhead Library** Y/N (please circle your agreement)

**The grounds at 108 Hinemoa Street** Y/N (please circle your agreement)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/video:** At BPM we utilise photos and videos for use within learning records, school newsletters, marketing campaigns and the BPM website. Please sign to give your permission for your child to be photographed for the following purposes:

**Storypark / Newsletters** Y/N (please circle your agreement)

**Facebook (Public)** Y/N (please circle your agreement)

**Website / Marketing (Public)** Y/N (please circle your agreement)

I agree 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.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Terms, Conditions, Authorisations and Permissions

**Enrolment procedure:** If you choose to book a space for your child with us the place will be secured for you upon receipt of your completed enrolment form and enrolment fee. 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.

**Fee payment and invoices:** Birkenhead Point Montessori and the Ministry of Education's licensing regulations require us to account 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 a weekly basis. Invoices will be emailed to all parents on a Monday for the previous weeks' 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 agree to pay the fees as per the fee schedule. I am aware BPM fees are reviewed on an Annual basis.

**Late payment of fees:** Any over due fees may incur a penalty fee of 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.

**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.

**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 entered with your personal PIN number into the school's computer tablet (Located at the reception desk at all times). In an emergency, these records are used to ensure all the children are accounted for. You are also required to confirm your child's weekly attendance hours digitally via the email you will receive each week.

**Family discounts:** A family discount will apply when 2 or more siblings attend at least 3 days per week at the same time. A 10% discount will be applied to the eldest of the children.

**Ball Skills and other Programs:** I agree that should my child attend Ball Skills Programs or any other Extra Hours Programs offered at BPM that Persons Responsible at BPM will be responsible for my child from 3.30pm until pick up at 4:30 pm.

**WINZ subsidies:** It is the parent's responsibility to check with WINZ to see if they are entitled to a childcare subsidy.

**Hours:** Birkenhead Point Montessori is licensed to have children attend Monday – Friday. Our opening hours are 8.00am-4.30pm. The Centre will be closed on statutory holidays and weekends.

**Settling in and visits:** All children are required to visit the Centre 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 your child's progress.

**Pick up and drop offs:** You are required to drop off and pick up your child at your scheduled times. If you are going to be delayed at any of these times, please phone or text 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.

**Health:** Verification of Immunisations is required and 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 so we ask that you advise the Centre of your child's illness and keep your child home until they are well again. Any child who has experienced vomiting or diarrhea will be excluded for 48 hours 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 the application of basic first aid and the seeking of medical or other advice as deemed necessary and I accept any expense incurred in obtaining for my child. I understand it is my responsibility to report any Health and Safety concerns to BPM and I take responsibility for my actions.

**Food:** Children are required to bring their own lunch. The Centre has a strict NO NUT Policy. We support and encourage the guidelines of the MOH around the preparation and provision of food for children.

**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.

**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.

**Policy Statement:** We have a number of policies that set out the procedures that are in place for the care and education of the children who attend Birkenhead Point Montessori. Our policy documents are located in the front entrance hallway and we urge you to read them. The signing of this enrolment agreement form indicates that you understand and will support our policies.

**Behaviour:** I understand that if my child repetitively hurts or violates any child, teacher or property, or uses verbal abuse that she/he will be requested to leave BPM.

**End of year break:** The Centre will close for two weeks over the Christmas / New Year period when no fees are charged.

**Toileting:** I give permission for staff and teachers to change my child's soiled or wet clothing when necessary. At BPM, nappies are checked every 2 hours. If after 4 hours my child's nappy is still dry, **I would / would not** like you to change it.

**Parent declaration:**

By signing this enrolment agreement, I agree to the terms, conditions, authorisations and permissions listed. I declare that all the 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: \_\_\_\_\_