

**OFFICE USE ONLY:**

Date of Interview: \_\_\_\_\_

Start date: \_\_\_\_\_

Finish date: \_\_\_\_\_

Year 2 Deposit paid: Y / N

Place Confirmed: Y / N

# Headstart Application for Enrolment

## Details of Child:

Gender: Male  Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Known As (preferred name): \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_

## Parents' Details:

Mother's Last Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Work Phone Number: ( ) \_\_\_\_\_ Work Phone Number: ( ) \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**In the event of an emergency, we will always attempt to contact the above Parent/Guardians first. However, if this is unsuccessful we need an alternative contact. This should be someone like an adult family member or a trusted family friend who is willing to act as an emergency contact for you.**

## Emergency Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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).

### Persons who CANNOT pick up your child

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

### Additional people authorised by you to pick up your child:

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Telephone Number: (    ) \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_  
Mobile Number: (    ) \_\_\_\_\_ Mobile Number: (    ) \_\_\_\_\_

## Medical Information

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Are there any medical conditions or concerns of which we should be aware? This could include allergies, hearing, sight, diabetes, speech, medication, developmental delay, etc.

Has your child been immunised? Yes  No

Please provide a copy of your child's immunisation record, if applicable.

## MEDICINE (non-prescription)

I/we give/do not give permission for staff at Springbank to apply topical first aid to my child in case of minor injury or to prevent sunburn (hypercral cream for skin abrasions/cuts, antiseptic liquid, Arnica cream for bumps and bruises, insect repellent, sunscreen.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Enrolment: \_\_\_ / \_\_\_ / \_\_\_ Date of Entry: \_\_\_ / \_\_\_ / \_\_\_ Date of Exit: \_\_\_ / \_\_\_ / \_\_\_

## Scheduled Hours

◆ Enrolment Details:						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Hours Funded by Ministry of Education		6	6	6	2	20
Hours Funded by Springbank Management and Supplementary MOE Funding	6.5	.5	.5	.5	4.5	12.5
Total Hours (8.30am to 3.00pm)	6.5	6.5	6.5	6.5	6.5	32.5
<b>For 20 Hours ECE fill out boxes below with hours attested</b>						
<b>Reminder: you are only eligible to receive a total of 6 hours per day (20 hours per week). Springbank funds the remaining hours. Until your child turns 6, there is no cost to you.</b>						
20 Hours ECE at this service		6	6	6	2	Total hours: 20
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?      2. Is your child receiving 20 Hours ECE at any other services?
- Yes  No       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: \_\_\_ / \_\_\_ / \_\_\_

## Priority Waitlist System

Headstart's priority waitlist is designed to ensure that those applicants who intend to enrol at Springbank School in Year 2 will receive a place in Headstart. Priority is also given to those children who are currently attending Springbank Preschool, or have other siblings at Springbank School. When you make an application, please inform us if you intend for your child to stay on at Springbank once they finish Headstart. A \$1000 non-refundable deposit is required to secure your child's place in Year 2 at Springbank, which will be credited to the first term's fees once they start Year 2. If you are unsure if your child will remain at Springbank once they finish Headstart, no deposit is payable.

- Is your child currently enrolled or expected to enrol at Springbank Preschool?    Yes     No
  - Does your child have any siblings at Springbank School?    Yes     No
  - I INTEND / AM UNSURE / DO NOT INTEND for my child to enrol at Springbank School in Year 2 once he/she completes the Headstart Programme. (circle one)
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## Transfer Window

To assist with planning for new enrolments and to minimise class disruption, the Headstart Programme has eight Transfer Windows throughout each year for both incoming and outgoing students. There is one transfer window at the beginning of each term and one at the midpoint of each term. Once your child's position is confirmed, we will notify you of your child's starting dates at least one term prior to your child starting Headstart.

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## Springbank Headstart Terms of Enrolment

1. Please complete this application form and give it to Springbank School Reception.
2. If your application is successful you will receive a formal acceptance of enrolment and confirmation of agreed start date.
3. In the event of non-attendance, your child's place will be held open for 9 days at which point, in accordance with government funding requirements, we will be contacting you to record why your child has been absent. The place may continue to be held open for a further 12 days. Any longer will be at our discretion.

## Optional Charge – Extra Activity Fees

Springbank Headstart provides a unique programme which offers opportunities and activities over and above Ministry of Education minimum regulatory guidelines. You have the option of your child participating and experiencing the following:

- Library sessions and borrowing books
- Overnight camp
- Visiting performers and events (magicians, musicians, story-tellers, Life Education and World of Maths)
- Swimming lessons (Term 2 and Term 4)
- Stationery to cover special activities
- Special Artwork activities, including calendars

This optional charge is set at the beginning of each term to cover the planned specific activities, and is due on the first day of each term, in advance.

## Parent/Guardian Declaration

- I/we agree that my/our child will attend Headstart full time (Monday to Friday five days a week, 8.30am-3.00pm).
- I/we understand and agree that if accepted for enrolment, my/our child is eligible for the Headstart programme until 6 years old. After that date, I/we may choose to apply for enrolment at Springbank School or at another Primary School of my/our choice.
- I/we understand that there are no tuition fees payable once accepted for enrolment, up until my/our child turns six years old.
- I/we agree to pay the optional charge for the extra activities/items specified in this enrolment agreement form.
- If I/we wish to withdraw my/our child from Headstart, I/we agree to provide one full term's notice in writing to the Licensee, Sophia Warren.
- Privacy Act: I/we accept that all information relating to my child will be regarded as confidential and kept in a secure place.
- I understand that any information gathered by Springbank Headstart is collected solely for the purpose of enabling them to provide their services to my child.
- I/we give permission for Springbank Headstart to share information with selected outside agencies, providing it is in the interest of my/our child.
- I/we give permission for my child to leave centre premises under supervision within Springbank School and Springbank Preschool grounds, visiting the library, gymnasium, sports fields and classes, as appropriate.
- I/we give/do not give permission for staff to take photos of my child for centre educational and promotional purposes (portfolio-assessment/wall display, newsletters, newspaper articles, website)
- I/we request that our child be enrolled for the Springbank Headstart Programme.
- I/we have read and understand the full Application for Enrolment document including the Terms of Enrolment; and I/we have completed all sections of this Application and that the information I/we have supplied is true and correct to the best of my/our knowledge, and I/we agree to abide by all of the Terms and Conditions therein.

## Parents/Legal Guardians

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_