

**OFFICE USE ONLY:**

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

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

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

Year 2 Deposit paid: Y / N

Place Confirmed: Y / N

## Headstart Application for Enrolment

### Child's 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:

☐ New Zealand birth certificate

☐ Foreign birth certificate

☐ New Zealand passport

☐ Foreign passport

☐ Other \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

Child's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

 Gender: Male ☐ Female ☐

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Child's primary residential address:

Post code:

### 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:

### Additional Emergency Contacts (also able to pick up child):

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

### 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 person/s who can pick up your child:

<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

### 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. Children must be toilet-trained.

 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 Headstart to apply topical first aid to my child in case of minor injury or to prevent sunburn (hypercal cream for skin abrasions/cuts, antiseptic liquid, Arnica cream for bumps and bruises, insect repellent, sunscreen.

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

### Medicines - Category (i)

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 Springbank Headstart and kept in the first aid cabinet.

Note: Springbank Headstart 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? **Tick one** Yes ☐ No ☐

Name/s of specific category (i) medicines that can be used on my child.

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

### Medicines - Category (ii)

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 Māori (Māori plant medicines), that is prepared by other adults at Springbank Headstart.

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Medicines - Category (iii)

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 ☐

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**For 20 Hours ECE fill out boxes below with hours attested**

**Reminder: you are only eligible to receive a total of 6 hours per day (20 hours per week). Springbank funds the remaining hours. While your child is at Springbank Headstart, there is no cost to you.**

20 Hours ECE at this service		6	6	6	2	Total hours: 20
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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? Yes ☐ No ☐
2. 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 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 Springbank Headstart.

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

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## Priority Waitlist System

Headstart's priority waitlist is designed to ensure that those applicants who intend to enrol at Springbank School in Year 1-2 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 1-2 at Springbank, which will be credited to the first term's fees once they start Year 1-2. 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 1-2 once he/she completes the Headstart Programme. (circle one)
- .....

## Transfer Window

To assist with planning for new enrolments and to minimise class disruption, the Headstart Programme has four Transfer Windows throughout each year for both incoming and outgoing students. There is one transfer window at the beginning 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.

1. I understand that if I agree to pay for the optional charge, Springbank Headstart may enforce payment.
2. The agreement to pay the optional charge will last for the duration of enrolment.
3. The rules about making changes to the agreement are that if I intend to make changes to this agreement, I understand that I must give one term's notice in writing.
4. I understand that the optional charge is not compulsory.
5. I agree/do not agree to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

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## Statutory Holidays/Term Breaks

This enrolment agreement is inclusive of school term breaks. The Centre is closed for a three-week period over Christmas/New Year, and is closed for all public holidays.

## 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 Service Provider Manager, Mike Warren.
- We are collecting personal information on this enrolment form for the purposes 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.

You can find more information about national student numbers at: **[www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents)**

- 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, farm and classes, as appropriate.
- I/we give/do not give permission for staff to take photos and videos 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.

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- **Policy Statement:** Springbank Headstart 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 will have an opportunity to have input to policy review.

## Parents/Legal Guardians

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.

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

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

### Service Declaration (Office Use Only)

On behalf of Springbank Headstart, I declare that this form has been checked and all relevant sections have been completed.

Springbank Headstart Staff Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_