

Preschool 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:		
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____	Staff Initials: _____	
Child's date of birth: ____ / ____ / ____		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
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):	
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:

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:

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):

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 Preschool 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 Preschool and kept in the first aid cabinet.

Note: Springbank Preschool 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.

•

•

•

•

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 Preschool.

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:
Standard Day (6.5 hours) 8.30am-3.00pm						
Extended Day Any time between 7.45am-5.15pm						
For 20 Hours ECE Free Government subsidy fill out boxes below with hours attested. (Over 3 years old only) Reminder: You are only eligible to receive a total of 6 free hours per day, up to 20 hours per week.						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature _____						Date: ___/___/___

20 Hours ECE Attestation (for over 3 year olds):

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: ___/___/___

Fees Schedule

There is no enrolment fee.

0-3 Year Olds	
Standard Day (8.30am to 3pm)	\$30
Extended Day (7.45am to 5.15pm)	\$40

3 Years Old and Over (6.5 hour sessions)		3 Years Old and Over (Extended day – outside 8:30am – 3:00pm)	
1 Day	\$4	1 Day	\$16
2 Days	\$8	2 Days	\$32
3 Days	Free	3 Days	\$48
4 Days	\$20	4 Days	\$84
5 Days	\$50	5 Days	\$130

- Sick days incur normal fee
- Fees will be invoiced quarterly

There are no extra Preschool attendance charges.

Springbank Preschool provides a unique setting which includes services and opportunities for your child which are over and above Ministry of Education minimum regulatory guidelines. Our special preschool programme for our older children includes:

- Participation in school visits including:
Excursions on the farm and to fitness/sports areas.
Library and Art Room sessions at school.
- Participation in special events including Market Day, Cross Country Day, Athletics Day.
- School drama and music performances.
- Visiting performers such as magicians, musicians, story-tellers (there will be a separate charge for these performers)
- Junior School reciprocal class visits and interaction (ie Drama, Art, Music and Buddy Reading)
- Visits to and from Headstart (our 5 to 6 year old programme).

Springbank Preschool Terms of Enrolment

1. Please complete this application form and give it to the Office Administrator at Springbank School Reception.
 2. If your application is successful you will receive:
 - Formal acceptance of enrolment
 - Confirmation of agreed start date.
 - Sessions allocated and
 - An invoice for the first term's fees where applicable
 3. Any fees are to be paid quarterly in advance, by cash, cheque or bank transfer.
 4. 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.
 5. If you wish to withdraw your child from Springbank Preschool, you will be required to provide one month's notice in writing to the Service Provider Manager, Principal Mike Warren. In this event any pre-paid fees for the remainder of the term will be refunded.
 6. Springbank Preschool shall give notice of any fee changes at least one term in advance.
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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.

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 Preschool.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Declaration

- Privacy Act: I/we accept that all information relating to my child will be regarded as confidential and kept in a secure place.
- 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

- I/we give permission for Springbank Preschool 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 Headstart 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 at Springbank Preschool

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- **Policy Statement:** Springbank Preschool 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 Preschool, I declare that this form has been checked and all relevant sections have been completed.

Springbank Preschool Staff Signature: _____ Date: ____ / ____ / ____