



Paula's Preschool Richmond

"Quality Early Childhood Education in a Caring Environment"

ENROLMENT AGREEMENT FORM

Child

Child:	
Surname:	
Name your child is known by:	
Child's date of birth:	Please circle: Male Female
Copy of official identity verification document collected: New Zealand birth certificate Foreign birth certificate New Zealand passport Foreign birth passport Other _____ Staff initials _____ <p style="text-align: center;"><i>The Ministry of Education recommends that all services keep a copy of the identification document of each child who is enrolled at the service.</i></p>	
Ethnic origin:	
Iwi your child belongs to:	
Child's home address or addresses:	
Post Code:	

Parents / Guardians

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Emergency Contacts – Person/s who can pick up your child and be present at the centre at any time

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Doctor

Name:	Phone:
Address:	

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, please attach to the Enrolment form)

Person/s who cannot pick up your child:

Name:	Name:
Name:	Name:

HealthIllness/allergies:

Is your child up-to-date with immunisations?

Please circle:

Yes

No

(Please provide verifications of all immunisations)

Immunisations record sighted and details recorded

Please circle:

Yes

No

MedicineCategory (i) Medicines

A category (i) medicine is a non-prescription preparation that is not ingested, used for the 'first aid' treatment of minor injuries and provided by Paula's Preschool

Note: Paula's Tiny Tots 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?

Please circle:

Yes

No

Name/s of specific category (i) medicines that can be used on my child, **provided by Paula's Preschool**

- **Arnica Cream**
- **Antiseptic Liquid/ Antihistamine**
- **Sunscreen**

In the event of accident or emergency, I authorise Paula's Preschool to seek such advice or treatment as it deems necessary in the best interests of my child.

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.

Individual health plan completed and signed:

Please circle:

Yes

No

Parent/Guardian Signature:

Date: ___/___/___

Enrolment Details:

Paula’s Preschool Richmond is Licensed Monday to Friday, 7.45am to 5pm.

Paula’s Tiny Tots

Half day sessions: Mornings 8.30am – 12.30pm
 Afternoons 12.30pm – 4.30 pm

Full day sessions start from a minimum of 6 hours per day

Families are encouraged to book in at least 3 sessions so that children can settle with their primary care giver/key teacher.

Paula’s Preschool sessions are a minimum of 6 hours per day. Families are encouraged to book at least 2 days so that children can settle in with routines and are familiar with their Teachers.

Paula’s Academy sessions are a minimum of 7 hours per day. Families are required to book at least 3 sessions per week.

Please see our enrolment specials for working families attached

Please record your preferred hours below and note if you are flexible.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times Enrolled:						

Date of Enrolment: ___/___/___ Start Date ___/___/___ Date of Exit ___/___/___

Actual Enrolment Hours

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times Enrolled:						

Staff Initials:

20 Hours Free ECE Subsidy

(Children aged 3-5 years)

Paula’s Preschool Richmond is a provider of the “20 hours Free ECE Subsidy” Funding for children aged 3 – 5 years, maximum 6 hours per day, 20 hours per week. The completed parent attestation form is required to receive Government Funding.

For 20 Hours ECE, fill out boxes below with hours attested eg. 6 hours

20 Hours ECE at this service:	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
20 Hours ECE at another service:						Total number of hours

Parent Guardian Signature:

Date: ___/___/___

20 Hours ECE Attestation:

**Please note parents for every change to permanent booked hours parents will be required to fill out a new attestation form and. attached to their child's enrolment form for Ministry of Education records.*

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

(Please Circle)

Yes No

Is your child receiving 20 Hours ECE at any other service?

(Please Circle)

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 ECE per week across all services.

You authorise the Ministry of Education to make enquires 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: ___/___/___

Required Information for Licensing Purposes:

I agree to give 30 days notice if I decide to terminate my booking at Paula's Preschool Richmond. I also agree to pay my fees on time.	Yes	/	No
I understand that there is no reduction in fees for odd days missed through illness or for family holidays.	Yes	/	No
I have read and approve the preschools main policies (displayed in the Policy Folder on the cabinet by the Attendance Register). NB: please ask the Head Teacher if you wish to read all of the preschool's policies.	Yes	/	No
I understand the Child & Adult Health Policy.	Yes	/	No
I give consent for my child to go on spontaneous walks in the immediate neighbourhood as per our Excursion Policy. Examples are: Washbourne Gardens, Playgrounds and Richmond Primary School. All walks are taken under staff supervision.	Yes	/	No
I understand that staff will carry out observations on my child for assessment purposes.	Yes	/	No
I give permission for my child to be photographed for records of their learning, care and general Centre photographs. Photos for use in the media will require specific permission.	Yes	/	No
I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Paula's Preschool Richmond.	Yes	/	No

Statutory Holidays / School Term Breaks

Please note the Paula's Preschool Richmond are open year round including the school holidays. If you wish to withdraw your child from care during the mid year school holidays, parents will be entitled to a 50% reduction in fees during that period. Your child must be withdrawn for the entire school holiday period to receive the 50% reduction.

Please notify at least 2 weeks previous to the holiday period for staff rosters purposes.

The information collected is treated as confidential and will only be provided to those authorized to by legislation. The provisions of the Privacy Act 1993 will be adhered to.

All relevant government agency personnel are permitted to be with in the centre at any time and that they have authorisation to access any information on your child. The provisions of the Human Rights Act 1989.

Parent Declaration

I declare that all the information recorded is true and correct to the best of my knowledge.

Parent/Guardian Signature:

Date: ___/___/___

Service Declaration – Office use only

I declare that this form has been checked and all relevant sections have been completed.

Name:

Signature:

Position:

Date: ___/___/___