

Commencement Date:

Special Teacher:



Enrolment Form

Whole Day Attendance

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: dd/mm/yyyy

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

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

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

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

Child's primary residential address:

Post Code:

### Privacy Statement:

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)

### Parents / Guardians:

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):

Email:

Email:

Relationship to child:	Relationship to child:
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### Emergency Contacts/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>
Phone:	Phone:
Relationship to child:	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)

**Person/s who cannot pick up your child:**

Name:	Name:
Name:	Name:

### Child's doctor:

Name:	Phone:
Name of medical centre:	

### Health

Illness/allergies:

Has your child any special need?

Is your child up-to-date with immunisations? *Tick One* Yes  No

(Please provide verification of all immunisations)

**For staff:** Immunisation records sighted and details recorded: *Tick One* Yes  No

### Medicine

#### Category (i) Medicines

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.

Note: The service 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 <input type="checkbox"/>	No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service</b> :			
Parent/Guardian Signature: _____		Date: ____ / ____ / ____	

### Category (ii) Medicines

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 the service.

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

### Enrolment Details:

Date of Enrolment:

Date of Entry:

Date of Exit:

**Please Note: 20 Hours ECE is for up to six hours per day, up to 20 hours per week**

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

### ATTENDANCE *From week beginning:*

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
<b>Times enrolled at Mozarts only</b> <i>please circle to match attendance pattern</i>	ED am L pm	ED am L pm	ED am L pm	ED am L pm	ED am L pm	
<b>20 Hours ECE you wish to attest to at Mozarts for 3 yr olds</b>						

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
20 Hours ECE you attest to at another service or home care						

Parent/Guardian Signature:

Date:

Office:

*Parent is eligible for Fee Subsidy through WINZ YES / NO Winz Application actioned by:*

### ◆ 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 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 Mozarts

Parent/Guardian Signature:

Date:

### Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. Mozarts Is closed on statutory holidays and closes over Christmas New Year. Refer to the Kindergarten Insert or web page for details of dates.

### Authorisation Form

I understand that in an emergency teachers will apply immediate first aid as deemed necessary for the protection of my child while he/she is in their care. I understand that this includes calling the doctor named on the enrolment form, implementing the doctor's instructions, calling an ambulance, and/or transporting my child to a hospital or clinic if unable to contact me to obtain my consent.

I give permission for the teachers to apply sunscreen to my child as deemed necessary.

I give permission for videos and/or photographs to be taken of my child while attending Mozarts and for the possibility of their use in newspaper, television promotions, our website or Facebook page, or for assessment and planning in Learning Story portfolios.

**Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).

I give permission for Mozarts to use my email address to receive newsletters and any other relevant communications online.

All parents/guardians that sign up to the **4 Day enrolment special** are signing up for a minimum **six month period** and are liable for all fees for that period. Early and Late drop off fees will apply to this 4 Day enrolment special and will be enforced.

I understand I am liable for full fees for the time that I have booked including holidays and absences due to illness. It is assumed both parents/guardians as named above are jointly responsible for fees unless otherwise indicated. I agree to pay the prescribed fees for all sessions for which my child is enrolled to attend (this includes any fees that the Child Subsidy Scheme/WINZ may fail to pay to Mozarts), and will give **Four weeks opening days notice in writing** if I wish to terminate my booking (in lieu of which four weeks opening days fee is payable). The one month's notice being dated from **our office's receipt** of the written advice of resignation. Verbal resignations are not accepted under any circumstances. Fees in arrears by 1 month incur a 5% late fee. All fees not settled in full by last day of attendance are subject to a \$25.00 late fee. In the event of non payment of an account our debt collection agent, BAYCORP, may charge recovery costs, legal fees & commissions that may be incurred in obtaining payment of this account.

Parent Guardian Signature:

Date:

## Communication with Parents

- **Policy Statement:** Mozarts 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 understand how you can have input to policy review.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- In signing this document, you agree to the terms and conditions included in the document and on the enrolment form. The terms and conditions contained in this document and on the enrolment form are not necessarily exhaustive, and are subject to amendment from time to time.

## ◆ Parent Declaration

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

Parent/Guardian Signature:

Date:

## ◆ Service Declaration

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

Service Provider Signature:

Date: