

## Child's Information

Child's Full Name:

Child's home address:

Date of Birth:

Male  Female

City and Country of Birth:

Country of Citizenship:

Copy of verification document\* supplied:

- New Zealand birth Certificate     Foreign birth Certificate  
 New Zealand passport             Foreign passport  
 Other

Staff Initials

Ethnic origins:

Iwi(s) your child belongs to:

Primary language spoke at home:

Other languages spoken at home:

\*Information about acceptable verification documents is available online at [www.eli.education.govt.nz](http://www.eli.education.govt.nz)

## 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. All personal information held on your child will be kept secure and remain confidential. 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.eli.education.govt.nz](http://www.eli.education.govt.nz)

Any changes to this form **must** be signed and dated by the parent/guardian.

## Family Information

Your child lives with  Mother  Father  Guardian

Parent/Guardian name:

Parent/Guardian name:

Address:

Address:

Phone Number – Home:

Phone Number – Home:

Work:

Work:

Mobile:

Mobile:

Email

Email



## Medical Information

GP Name:

Clinic Address:

Phone Number:

We are required to keep records regarding your child's immunisation status.

Immunisation record supplied or  my child is not immunised Staff Initials

Please state any relevant medical history, including allergies and medications required.

Include the names of any specialists or special education groups your child has had or is still in contact with.

Other information or concerns about your child's special emotional/behavioural/physical needs.

## Medication

### Category (i) Medicines

A category (i) medicine is a non-prescription preparation that is not ingested, used for the 'first aid' treatment of minor injuries, provided by the Centre and kept in the first aid cabinet.

Please tick the medicines that you give permission for use on your child

Stingose (insect bite treatment)  Arnica cream  Antiseptic cream  Saline solution  Sunscreen

Parent/Guardian signature:

Date:

### Category (ii) Medicines

Category (ii) medicines are supplied by the parent/guardian to treat a specific condition or symptom for a specific period of time. These include prescriptions such as antibiotics, eye/ear drops, etc. and non-prescription medicines such as paracetamol, cough syrup, etc.

When a Category (ii) medicine is to be given to your child, a parent/guardian will be required to fill in the Medicine Register (held in your child's classroom) at the beginning of each day. Details required are: name of the medication, method and dose, time or specific symptoms/circumstances. The medication is to be collected when your child leaves for the day.

### Category (iii) Medicines

Category (iii) medicines are used to treat on-going conditions such as asthma, allergies, etc. These medicines may be left in the classroom for use when required. A Health Plan must be completed for your child if he/she has any on-going conditions requiring the use of category (iii) medications at the Centre. Details required are: name of the medication, method and dose, time or specific symptoms/circumstances. The Health Plan is kept in your child's classroom with the medication.

I acknowledge that a parent/guardian must complete the Medicine Register daily in order for Category (ii) medicines, and a Health Plan for Category (iii) medicines to be administered to my child.

Parent/Guardian signature:

Date:

## Enrolment Hours

On acceptance, your child will be allocated a full-time place so that hours can be increased as your child develops. Children attend for a minimum of three mornings per week and may increase mornings and days as discussed with the Programme Manager.

Requested Commencement Date:

## Requested Enrolment Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
<input type="radio"/> 8:30am-12pm					
<input type="radio"/> 8:30am-3pm					

## Fees

An enrolment fee of \$115 (incl. GST) is payable on acceptance of enrolment and start date confirmed.

Fees Charges for children 2-3 years old reflect the reduced subsidy received from the Ministry of Education for this age range. Our fee is based on children attending 49 weeks per year, this allows for 3 weeks of holidays during the year which will be fee free.

Weekly charge from start date for a minimum of 3 mornings to 12pm	\$135 (incl GST)
---	------------------

Mornings will be charged at \$45 and full days at \$50 as children extend attendance.

Weekly charge from start date for 5 full days to 3pm	\$250 (incl GST)
--	------------------

Payments may be made weekly, fortnightly or quarterly in advance.

WINZ subsidies may be available to families where the weekly income is less than \$1,400.

Invoices will be issued for the fees.

## Toilet readiness

Laying the foundation for independent toileting can be undertaken quite early. Children can transition from nappies to underpants quite successfully from 18 months if the preparation has been put in place. At the Centre we will be very active in supporting you through this transition for your child. When with us children will wear underpants, not nappies. If necessary we suggest children wear training pants. You will need to purchase these either via us or directly from our suggested supplier. Children will also need a laundry bag to bring home clothes that need to be laundered.

Please provide an indication of your child's toileting progress;

- Fully independent in toileting and wearing underpants all the time
- Mostly independent, wears underpants and can get to the bathroom but occasionally leaves it a bit late
- Unreliable in underpants fulltime, wears training pants and nappy intermittently
- Fulltime nappy (we will work with you to transition to training or underpants)

Please fill in our Toilet Training Supplies Order Form if you wish to purchase training underwear and other items from us. Our pricing is less than the recommended retail price. If you are providing your own please order from [Brollysheets.co.nz](http://Brollysheets.co.nz)

Please name all clothing.

## Sleep habits

We need to understand your child's usual daily routine, do they normally sleep at any time between 9am - 3pm? If your child does require a sleep, do they wear a pull-up nappy? Please supply your usual pull-ups for us to use.

---

---

---

Is there anything else we need to know about your child or your family's cultural practises?

---

---

---

## Notice of Children Leaving

A minimum of two weeks prior written notice is required for children leaving. In order to plan the roll, a longer period of notice would be appreciated.

## Authorisations

- I agree to my child being taken on short local walking excursions in the vicinity of the Centre but still on the wider school property. E.g. to the sports field.
- I give permission for my child to be photographed/videoed for the purposes of assessment, planning and evaluation by centre staff and records kept. I also agree for my child to be observed and photographed for the purposes of the centre's ongoing staff professional development. Publication of any photographs/videos will be limited to your child's portfolio (which is kept private) and publicity purposes.
- Waikato Montessori Education Centre has policies that outline the procedures for the care and education of your child. We strongly urge you to read these. The signing of this enrolment agreement indicates that you will abide by the policies of this centre, and understand how you can have input to policy review.
- Please ensure you have read the **Parent Information Booklet** as it covers such things as fees and ways in which we can help you and your child settle into the centre. We will hold regular parent evenings which we require you to attend to understand more about the Montessori method.
- I agree to pay all fees as outlined above. More information and payment options are outlined in the **Fee Guide**.

Parent/Guardian signature:

Date:

## Parent Declaration

I declare that all of the above information is true and correct to the best of my knowledge.  
In signing this Enrolment Agreement, I agree to pay the fees as published.  
Please refer to the *Fee and Donations Guide* for more information.

Parent/Guardian signature:

Date:

## Service Provider Declaration

On behalf of Waikato Montessori Education Centre, I declare that this form has been checked and all relevant sections completed.

Staff Member Signature:

Date:

***Thank you for your application***