



Administration Records	Enrolment Agreement Form	Leigh Community Preschool Inc
NECESSARY FOR FUNDING AND LICENSING REQUIREMENTS		
Enrolment Information, 20 Hours ECE Enrolment Hours and Attestation Information for Early Childhood Education Services		
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: d d / m m / y y y y		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: _____		
Privacy Statement:		
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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.</p> <p>It is a condition of funding that every service provider of a licensed early childhood service must provide the information listed in this chapter to the Ministry of Education, at the frequency specified, through the ELI system or any alternative method the service provider is authorised by the Ministry to use, to enable the Secretary for Education or the Minister of Education to exercise their powers or carry out their responsibilities under the Act, and as permitted by Privacy Principles 10 and 11. Services who do not provide this information to the Ministry through the ELI system or an approved alternative method may have their funding withheld in part or in full.</p> <p>https://assets.education.govt.nz/public/Documents/Early-Childhood/ECE-Funding-handbook/EC-FHB-Chapter-14-Collection-of-Information.pdf</p>		

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



Leigh Community Preschool

* Information about acceptable identity verification documents is available online at

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

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:
3. Given names:	4. 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 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):

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)

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



Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:
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:
3. Given names:	4. 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:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

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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, provided by service :	
▪ Arnica Cream	▪
▪ Calendula Cream	▪
Parent/Guardian Signature: _____ Date: ____/____/____	

Category (ii) Medicines	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription 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: ____/____/____

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.	
For staff: Individual health plan sighted and a copy taken:	Tick One: Yes <input type="checkbox"/> No <input type="checkbox"/>
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: ____/____/____

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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** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	
Times Enrolled:					Total hours:
Morning 8:30 – 13.30 U3					
Afternoon 12 -3.30					

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service					Total hours:
20 Hours ECE at another service					Total hours:
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?

Tick One Yes ☐ No ☐

2. Is your child receiving 20 Hours ECE at any other services?
One

Tick 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.
- Your 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 Leigh Community Preschool.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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Charges:

1. The charge is:

- To maintain ratios, of teachers to children to ensure quality of care. Leigh Preschool is a unique learning environment with low rolls because we know that a peaceful environment is paramount for healthy brain development in children. The MOE requirement is to have 1 :10 Over 2's and 1:5 under 2's. Leigh preschool is teacher to child ratios of 1:6 over 2's – 1:8 Over 3's and 1:3 Under 2's to ensure a peaceful environment. (See the attached flowchart)
- It is also for the **7th hour** of care after 6 hours subsidised ECE funding. The subsidy is limited to 6 hours per day and up to 30 hours per week.
- All children over 3 years on the ECE funding **must** enrol for a minimum of 2 full days.

2. I understand that if I agree to pay for the charge, Leigh Community Preschool may enforce payment.

3. The agreement to pay the charge will last until your child turns 5 years old.

4. The rules about making changes to the agreement are:

- That you provide 2 weeks written notice to opt out of the 20 hours ECE funding.

5. I **agree** to pay the charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Statutory Holidays / Term Breaks - Leigh Community Preschool is closed for term breaks and all the statutory holidays.

This enrolment agreement is **exclusive** of school term breaks.

Fee charges

OUR FEES ARE CURRENTLY SET AT:

UNDER THREES \$35 Half Day \$49 Full Day

3 - 5 YEAR OLDS who are receiving the 20 Hours ECE Subsidy

(this charge is to cover higher ratio of teachers to children than MOE requirements and the 7th hour of care on full days where 6 hours subsidy is claimed)

\$21 Full Day only

Please note: Fees are to be paid a Fortnight in advance of enrolment / start date.

Please also see our information booklet attached.

WINZ offer a Childcare Subsidy which pays a portion of your fees as a part of their "Working For Families" package. You may be eligible for WINZ if your child attends more than 20 hours (it is income tested)

We have the forms available and/or contact the local WINZ branch.

See FEES info for special rates in main booklet.

Fees Agreement

- In signing this enrolment form I agree to pay the fees on the basis of the fee schedule that is current at the time and I will pay, in advance, in accordance with the Fee Policy of the Centre.
- I acknowledge and agree to pay the appropriate fee for an enrolled day even if unable to attend.
- I accept the "late pickup fee" for each 15 minutes (or part thereof) late after my child's session closing time.

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Leigh Community Preschool, 5 Seatoun Avenue, Leigh ph.09 4226516 email:leighpreschool@xtra.co.nz www.leighpreschool.co.nz

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- I agree to give two week's written notice of intent to withdraw my child from the Centre and to pay the associated fees regardless of whether or not my child attends.
- I understand there is a charge for any and all absences and statutory holidays.
- I agree to pay additional charges incurred should my child be absent for prolonged periods of more than 3 weeks

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

Unpaid Fees Policy:

1. First fortnight without payment will result in the Administrator sending the family a reminder letter giving the family 7 days to pay the outstanding amount.
2. The following fortnight without contact or payment from the family will result in the Administrator calling to advise that the child/ren will be unable to attend the following week unless the debt is paid or an arrangement to pay the debt is agreed to and implemented with the Administrator. Subsequent failure to adhere to the arrangement will result in steps 2 and 3 being implemented immediately.
3. If fees remain unpaid and no arrangement has been made to bring fees up to date, the outstanding amount will be forwarded to a debt collection agency by the Administrator.
4. The child will remain excluded from Leigh Community Preschool until the debt is paid in full.

Please sign below to confirm you agree to the above payment terms:

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

Required Information for Licensing Purposes

- **Excursions:** Permission for your child to take part in regular excursions on foot (under the conditions stated in the Leigh Community Preschool "Learning outside the classroom policy"). Teacher : child ratios for all excursions will be a maximum of 1:3 for under 2 year olds and 1:6 for over 2 year olds.(for specific excursion ratios see the policy)
- Locations we visit: Matheson bay bushwalk, Wyatts Farm, Tennis Court, School Gardens in Leigh, Pine Forest in Albert Street, Leigh Library, Leigh Motors, Leigh General Store, Church Hall and Leigh Harbour.
- For special one off excursions or excursions in cars/ buses we will provide an individual permission form

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

Social Media Policy:

I give my permission for my child to be photographed or videoed anonymously, (photos of backs of heads, hands and feet) for the Leigh community Preschool social media pages . *circle one* **Yes** **No**

I agree to use discretion in my comments and respect children, families and the communities right to privacy and a positive learning environment.

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

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Other information

- **Policy Statement:** Leigh Community 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 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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences, by filling out the attached form, and sharing with your child's key teacher.

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

Service Provider Signature: _____ Date: ____ / ____ / ____

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