

Enrolment Agreement Form

Rangi Ruru Pre-school

Enrolment Information

NOTE: Any changes to the original enrolment agreement form **must** be signed and dated by the parent/guardian.

Child:

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 (photocopy must be kept on child's file):

- 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:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).

Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at

National Student Number (NSN) » NZQA

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: National Student Numbers (NSN) – Education in New Zealand.

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified

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:
Occupation:	Occupation:
Employer:	Employer:
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:
Occupation:	Occupation:
Employer:	Employer:

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):
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 <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:

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

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

Medicine	
Category (i) Medicines	* Refer to policy statement for details
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.	
Rangi Ruru Pre-school provides sun screen and Arnica, antiseptic liquid, insect bite treatment.	
Do you approve category (i) medicines to be used on your child? <i>Tick One</i> 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 :	
▪	▪
▪	▪
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.	
*Refer to Individual Health Plan form for details required at commencement of attendance.	
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.	
*Refer to Individual Health Plan form for details required at commencement of attendance.	
For staff: Individual health plan sighted and a copy taken: <i>Tick One:</i> 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: ____ / ____ / ____

◆ 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	Friday	
Times Enrolled:						Total hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours (complete only if over three years of age and using 20 Hours ECE)

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?

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 Rangī Ruru Preschool.

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

◆ Optional Charges: (whilst using 20 Hours ECE)

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

1. The optional charge (\$1.60 per hour) covers retaining the employment of 100% qualified, registered teachers in the Pre-school.
2. I understand that if I agree to pay for the optional charge, Rangī Ruru Preschool may enforce payment.
3. The agreement to pay the optional charge will last until your child leaves the centre, although you are welcome to review your willingness to pay it in December of each year.
4. Changes to this agreement may be given by giving one month's notice in writing to the Preschool.
5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.
6. I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Required Information for Licensing Purposes

- 1 Excursions: Permission for the child to be taken upstairs at the pre-school for group times.
- 2 Permission for the child to take part in regular/spontaneous excursions (under the conditions stated in the excursion policy). The minimum adult/child ratio within Rangī Ruru Girls' School grounds 1:6 or 2:20, outside of school grounds 1:4. Parents/whānau/caregivers will receive prior notification of planned excursions outside the centre/school environment (including adult/child ratios) and a permission form will need to be completed and signed.
- 3 **Photo/video:** permission for the child to be photographed/videoed for the purposes of assessment, planning and evaluation. Photographs may be displayed in the centre, but will not be used for publicity unless your permission is granted (refer below).

Signed: _____ (any exceptions as stated: _____)

Publicity and Marketing Consent

I/we give permission for photos of my child (individually/with other children and/or adults) for use in the following: (please tick the appropriate box)

	YES	NO
Children's learning journals and on noticeboards in the centre	<input type="checkbox"/>	<input type="checkbox"/>
In Touch & RRGH School newsletters (for distribution to the wider community)	<input type="checkbox"/>	<input type="checkbox"/>
Rangī Ruru Preschool website	<input type="checkbox"/>	<input type="checkbox"/>
Rangī Ruru Preschool Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Marketing information for Preschool (including signage)	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper articles/editorials (eg The Press)	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper/magazine advertising	<input type="checkbox"/>	<input type="checkbox"/>

Permission granted for an unspecified period of time or until _____ (date)

Signed: _____

◆ Term Breaks

This enrolment agreement is **inclusive** of school term breaks one, two and three.

Other information

- **Policy Statement:** Rangī Ruru Pre-school 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.
- **Learning Journal:** All learning journals are accessible to the children and their family/whānau. For accountability, we may need to share this learning journal with the Ministry of Education and/or the Education Review Office. Student teachers may also view the book as part of their training. Children may share this with teachers on school visits. If the Rangī Ruru Preschool teachers needed to share your child's learning journal with any other service or agency we would discuss with you.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers essential information regarding fees details, subsidies that are available to you and ways in which we can help you and your child settle into the centre.
- **Child's strengths, interests and preferences:** This information, will be completed on the 'Getting to know you - Aspirations' form.

◆ Parent/caregiver declaration

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

I expressly acknowledge that _____ enters the

Rangī Ruru Pre-school at my own risk and that although proper care will be exercised at all times.

Rangī Ruru Pre-school cannot accept responsibility for misadventures.

* Please refer to the fees information in the Parent Handbook for full details.

Fees structure and payment by Direct Debit

Fees payment: This method is the mandatory method of payment by Rangī Ruru Girls' School.

You will receive a monthly account and will be advised when the funds will be drawn from the account.

All accounts must be paid by the due date. A late payment charge of 1.5% compounding per month on the overdue balance will be added to the account.

The use of a collection agency is a last resort for the Pre-school, but if the account is not paid within sixty days after that due date then the Pre-school may pass that account to a debt collection agency or solicitor to collect. Our debt collection agent will charge a fee for collecting the account. Where the total collection costs including legal and other costs exceeds the debt collection fee charged, our debt collection agent is also entitled to recover such additional costs from you. This clause is intended to be for the benefit of and enforceable by our debt collection agency under the Contracts (Privity) Act 1982.

Where accounts are consistently overdue and no effective repayment arrangements have been made, your child's place in the Pre-school will be forfeited.

Direct Debit form MUST be returned with enrolment paperwork, prior to child's start date.

Holiday Allowances

Each child will be entitled to a yearly prorated holiday allowance of up to four weeks' normal attendance. This will be charged to the family at a 50% discounted rate. After four weeks normal rates will apply.

If you have any queries regarding the payment of fees, terms of trade, or other items related to the business aspects of the Rangī Ruru Pre-school please contact Angela Hirst in the **Business Manager's office on (03) 983-3746** or e-mail a.hirst@rangiruru.school.nz.

I understand that filing of this application places _____ (name) on the waiting list and does not in any way guarantee a place with the Rangī Ruru Pre-school.

(The Centre Manager OR Senior Teacher will contact you regarding a starting day).

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

◆ 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 Rangī Ruru Pre-school I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: ____ / ____ / ____



Direct Debit Authority

Name of my account to be debited (acceptor) <input type="text"/>				Initiator's Authorisation Code <input type="text"/>	
Name of my bank: <input type="text"/>				Click here to enter text.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account		Suffix	
				Approved Click here to enter text. Click here to enter text.	

From the acceptor to *[insert name of acceptor's bank]* (my bank):

I authorise you to debit my account with the amounts of direct debits from **Rangi Ruru Girls School Board of Governors Inc** with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Please include the following information on my bank statement:

Authorised signature/s: _____	Date: ____ / ____ / ____
--------------------------------------	---------------------------------

Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give you a written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.