

kumeu **montessori** preschool
ENROLMENT FORM



The information contained in this application is being collected for Kumeu Montessori Preschool and will remain confidential. You have the right to access information held on your child, and to correct any information.

Contact Details

Childs Name:			
Date of Birth:			
Parent/Guardian 1	Name:	Cellphone:	Workphone:
Parent/Guardian 2	Name:	Cellphone:	Workphone:
Home Address:			
Email Address:			
Home Phone:			
Parents Occupation:	Parent 1	Parent 2	
Ethnic Origin	(required by the Ministry of Education for statistical purposes)		
If the child identifies as Maori, please enter the name(s) of his/her iwi			

Enrolment

Days of enrolment (please circle or tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Start Date:					
How did you hear about KMP?	Local Paper	Telephone directory	Friend	Leaflet	
	Website	Roadside sign	Poster	Other	

Other Details

Emergency Contacts and those authorised to collect child from pre-school (in addition to parents/guardians)	1. 2.
Name of any person expressly forbidden by law to have access to your child (a copy of the legal document evidencing this must be provided)	
Childs Doctors Name:	
Details of any chronic illness, allergies, special dietary needs or other medical information we should be aware of:	
Fully immunised? <i>Please provide a copy of your childs Immunisation Certificate from their Well- Child Booklet (note: there is no requirement that your child be immunised but we are required to hold details of their immunisation status)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Routines (please advise of any special feeding pattern of needs your child may have or any other relevant matters eg the need for sleep toys)	
Other information relevant to your child:	
Authorisations	
I authorise Kumeu Montessori Preschool (KMP) to administer medication provided by me for my child.	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the event of accident or emergency, I authorise KMP to seek medical or other advice as KMP deems necessary in the best interests of my child.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to be taken by staff for walks in the vicinity of the preschool (with appropriate adult supervision)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that I will be required to provide written consent for any excursion requiring transport	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to be observed, videoed or photographed while at KMP	Yes <input type="checkbox"/> No <input type="checkbox"/>
I acknowledge that full charges will be made for each day my child is enrolled, even if my child is unable to attend the Centre through illness or if I choose for my child not to attend for any other reason	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand and accept full responsibility for payment of fees charged to my account in accordance with the published fee rates and policies. The Centre reserves the right to change the fee rates and policies and irrespective of previously published or quoted prices, the new rates and policies will apply from the notified date. I understand and accept that these fees are to be paid in full, in advance, within 3 days of the beginning of each billing period.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I acknowledge that a late fee of \$25 per week may be charged if my account has been outstanding for more than three weeks	Yes <input type="checkbox"/> No <input type="checkbox"/>
I acknowledge that I am required to give the Preschool manager at least one months notice or one months payment before reducing the number of days enrolled or withdrawing my child from KMP.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I confirm that my child is not enrolled or wait listed at any other early childhood centre for the same times as enrolled at KMP (confirmation required by Ministry of Education)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand and accept that if any fee or charge remains unpaid for more than one month, my childs enrolment may be forfeited and the debt passed on to a Debt Collection Agency for collection. I accept responsibility for any and all legal administrative costs and legal fees incurred in this process.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signatures	
Signature of Parents:	
Date Signed:	

Please attach a copy of your child's immunisation schedule from the back of their well child book. While there is no requirement that your child be immunised, we are required by the Ministry of Education to hold details of each child's immunisation status.

20 Hours ECE Funding

Please complete this page if your child is aged between 3 and 5 years,
and qualifies for the 20 hour subsidy

Ministry of Education requirements mean you must complete this form for your child to be eligible for the 20 Hour Subsidy. The purpose of completing this form is to confirm your child's eligibility to receive the subsidy. If you make a false statement, or provide any false or misleading information, you may be committing an offence and be liable to prosecution. By signing this form, you authorise the Ministry of Education to make any enquiries it deems necessary regarding the information provided on this form to the extent necessary to make decisions about your child's eligibility for the 20 Hour ECE subsidy. You also consent to Kumeu Montessori Preschool providing relevant information to the Ministry of Education, and to other ECE services your child is enrolled at, about the information contained in this form.

Childs Name:						
Date of Enrolment:						
Date Started:						
Is your child receiving the 20 Hour ECE subsidy at any other service(s)?					Yes / No <i>(please circle)</i>	
Days Enrolled	Monday	Tuesday	Wed	Thursday	Friday	Total <i>no more than 20</i>
Times Enrolled <i>9am to 4pm unless otherwise arranged</i>						
20 hours ECE at this service <i>up to 6 hours per day, for a total of 20 hours per week</i>						
20 hours ECE at another service <i>Please complete this section if your child is also enrolled at another early childhood service</i>						
I confirm that: <ul style="list-style-type: none"> The child named above does not receive more than 20 hours at the 20 Hours ECE funding rate per week across all services I will immediately notify all services where the child receives 20 Hours ECE of any changes to the information provided above I have read and understood the information in this form and confirm that the information provided by me is true and correct. 						
Parent Signature:						
Date:						

Permission to administer paracetamol if centre is unable to contact parents

From time to time, children attending preschool become unwell during the day, and start to run a temperature. Our first response to this is to phone the child's parent/s to arrange for the child to be collected as soon as possible. However, on the odd occasion, we have been unable to contact parents and have had children with a high temperature.

Whilst our preference is always for the parent or caregiver to make ALL medical decisions on behalf of their child, where we cannot contact parents, and children have a high temperature that could endanger their own health, we would like to administer a small dose of paracetamol to avoid the child's temperature reaching dangerous levels. We would continue of course to try and contact the parents or whanau urgently.

If you are happy for this to happen, within the very strict parameters set out below, would you please sign this consent form which we will hold on our file (and hope never to have to use!).

I hereby consent for Kumeu Montessori Preschool to administer a dose of no more than 7 mls of liquid paracetamol to my child should he/she be running a temperature of more than 38.5° provided that this is only to occur when every effort has been made to contact me and/or my child's other permanent caregivers (as per the details provided on the enrolment form).

My child does NOT have a known allergy to paracetamol

Parents Name:

Parents Signature:

Date of Consent:

Alternatively, if you do not wish us to administer paracetamol to your child under these circumstances, please note this below, sign and return to us.