

Montana Early Learning Centre Enrolment Agreement Form



◆ 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:

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:

Child's Identification:

Official Identification document/s sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

◆ 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](#)).

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:
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:
Is one of the parents a current University of Canterbury Student? (please provide enrolment letter)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 cannot 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:
Relationship to child:	Relationship to child:

Child's doctor:	
Name:	Phone:
Name of medical centre:	
Medicine	
First Aid Medicine and Sunblock	
These are used for the 'first aid' treatment of minor injuries, or to prevent sunburn, and are provided by the centre.	
Do you approve below products to be used on your child? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific products that can be used on my child, provided by service:	
<ul style="list-style-type: none"> ▪ Nivea Sun SPF 50+ Protect & Moisture Sunscreen Lotion 	<ul style="list-style-type: none"> ▪ Water-Jel Burn Gel
<ul style="list-style-type: none"> ▪ HealthE Liquid Antiseptic Spray 	<ul style="list-style-type: none"> ▪ Anti-Flame Arnica Cream
Parent/Guardian Signature: _____ Date: ____/____/____	
Individual medicine	
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: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Tick One:</i>	
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: ____/____/____
Health	
Illness/allergies:	
Are there any foods your child cannot eat for religious or cultural reasons? If so, please list below:	

◆ 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

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?

<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

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 Montana Early Learning Centre.

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

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of public holidays and school term breaks.

Montana Early Learning Centre is closed on all statutory holidays, as well as for approximately three weeks over the Christmas period. Full fees will be charged for all statutory holidays, except those that fall within the three-week Christmas closedown period.

Other Information

- **Policies:** Montana Early Learning Centre has a number of policies that set out the procedures that are in place for the care and education of the children who attend. These will be sent to you in every month's Newsletter for your review or feedback. You can also talk to the Centre Manager or Administrator if you would like to read a policy in any specific area. 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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences by filling the New Child Introduction Form
- **Collecting child from Montana Early Learning Centre:** I will notify the centre if anyone other than those listed on this enrolment form are to pick up my children from the centre and I understand my child must remain in the centre until such permission is confirmed by me (parent/guardian).
- **Child Absence:** I will notify the centre if my child is absent or if I require a change in hours.
- **Fees:** I will pay fees on receipt of invoice with 7 calendar days. I understand that failure to do so may result in my child losing their place at the centre and outstanding fees will be forwarded to a debt collection agency. All bookings will be charged in full, whether my child attends or not.
- **Child leaving Montana Early Learning Centre:** I will give two weeks' notice before withdrawing my child from the centre. Failure to do so may result in two weeks' worth of fees being charged.

I have been provided with information relating to the guidance 'Reducing Food-Related Choking for Babies and Young Children at Early Learning Services' and understand how to prepare safe food appropriate to my child's age and stage of development.

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

Permissions and Consents

- Photo/video: I give permission for my child to be photographed/videoed while at the centre.

Yes No

- Photo/video: I give permission for photographs or videos of my child to be used for publicity purposes.

Yes No

- Profile Book: I give permission for my child's profile book to be shown to visitors at the centre.

Yes No

- I give permission for my child to participate in regular excursions under the following conditions:

- **Locations:** Regular excursions may include visits within the University of Canterbury campus and surrounding areas, such as the UC Library, Ilam School and school playground, Ray Blank Park, Ilam Fields, and Ilam Gardens. The addresses are as follows:
 - University of Canterbury (address: 20 Kirkwood Ave Ilam Christchurch 8041)
 - Ilam Fields (address: 106 Waimairi Road, Ilam, Christchurch 8041)
 - Ilam Gardens (address: 87 Ilam Road, Ilam, Christchurch 8041)
 - Ilam School (address: 66 Ilam Road, Ilam, Christchurch 8041)
 - Ray blank park (address: 14 Gothic Place, Ilam, Christchurch 8041)
 - Ilam Fire Station (address: 79 Creyke Road, Ilam, Christchurch 8041)
- **Method of Travel:** Children will travel on foot where they are developmentally able to walk the full distance. Younger children, typically under 2.5 years of age or those who require support, will be transported in prams pushed by teachers.
- **Supervision Ratios:** The following adult-to-child ratios will be maintained during excursions:
 - A maximum of 1 adult to 6 children (over 3 years old)
 - A maximum of 1 adult to 4 children (under 3 years old)
- **Risk Management:** A thorough risk assessment will be completed prior to each excursion and approved by the Person Responsible. Parents are welcome to request to view any completed risk assessment form before a regular excursion.
- **Safety Measures:** All reasonable steps will be taken to ensure children's safety at all times, including regular headcounts, appropriate supervision, and adherence to centre policies and licensing requirements.
- **Communication:** Teachers carry at least one mobile phone during excursions and are able to communicate with the centre, parents, emergency services, or other people as necessary. The Person Responsible at the centre is aware of the children's location and can contact teachers on excursions if required.
- **Special Excursions:** Written permission will be obtained from each child's parent or guardian prior to any special excursion taking place. A special excursion refers to visits to locations outside of the regular local area or excursions involving different methods of transport, such as travelling by bus.

Yes No

◆ 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 Montana Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____/____/ ____