

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: d d / m m / y y y y

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

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 <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:
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:

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

◆ Health	
Illness/allergies:	
Are there any foods your child cannot eat for religious or cultural reasons? If so please list below:	
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"/>

I have been provided with a copy of 'Reducing Food-Related Choking for Babies and Young Children at Early Learning Services' and understand how I can prepare safe food for my child's age and stage of development.	
Parent/Guardian Signature: _____	Date: ____/____/____

◆ 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? <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:	
▪ Smart365 SPF50+ Sunscreen	▪ Saline Solution (cleaning wounds and eyes)
▪ HealthE Liquid Antiseptic Spray	▪ Anti-Flame Arnica Cream
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.	
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: 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: ____/____/____	

◆ 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 for Children Over 3:

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 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 three weeks over Christmas period. You will be charged full fees for all Statutory Holidays excluding the Tuesday following the Easter break or the three weeks Christmas closedown time.

Required Information for Licensing Purposes

- 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

- Excursions: I give permission for the child to travel on short walks in the local area when appropriate, in the company of teachers.

The following ratios of adult to children will be maintained on short walks: A maximum of 6 children (over 3's) to 1 adult and a maximum of 4 children (under 3's) to 1 adult.

Yes No

Other Information
<ul style="list-style-type: none"> ▪ Policy Statement: 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. 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.
<ul style="list-style-type: none"> ▪ Prospectus: Please ensure you have read the information in the Prospectus 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. Latest ERO review and financial statements are in the foyer for your perusal.
<ul style="list-style-type: none"> ▪ Child's strengths, interests and preferences: Please tell us about your child's strengths, interests and preferences.
<ul style="list-style-type: none"> ▪ 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).
<ul style="list-style-type: none"> ▪ Child Absence: I will notify the centre if my child is absent or if I require a change in hours.
<ul style="list-style-type: none"> ▪ Holidays: This enrolment agreement is inclusive of public holidays and school breaks and you will be charged full fees for these days excluding the Tuesday following Easter break and approximately three weeks over the Christmas period.
<ul style="list-style-type: none"> ▪ 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.
<ul style="list-style-type: none"> ▪ 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.

◆ Parent Declaration
I declare that all the above information is true and correct to the best of my knowledge.
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Parent/Guardian Signature: _____ </div> <div style="width: 35%;"> Date: ____/____/____ </div> </div>

◆ Service Declaration
On behalf of Montana Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Service Provider Signature: _____ </div> <div style="width: 45%;"> Date: ____/____/____ </div> </div>