

# MILFORD BAPTIST KINDERGARTEN

## Enrolment Agreement Form

### A SAMPLE THAT COVERS THE NECESSARY 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:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

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:

#### ◆ Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.

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.

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.

You can find more information about national student numbers at: [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents)

\* Information about acceptable identity verification documents is available online at [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).

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

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

<b>Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>Additional person/s/Emergency, who can pick up your child:</b>	<b>Additional person/s/Emergency, who can pick up your child:</b>
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:

<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who cannot pick up your child:</b>	
Name:	Name:
Name:	Name:

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

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)	
<b>For staff:</b> Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

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, <b>provided by service</b> :	
▪	▪
▪	▪
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: ____ / ____ / ____

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

**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  No

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:**

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 Milford Baptist Kindergarten.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ◆ Optional Charges:

1. The optional charge is for:

- Additional staff member beyond minimum regulations.
- Administration, readers, bibles, sun cream, sandwiches.
- Parent information evening, excursions expenses, transport and entrance fees.

2. I understand that if I agree to pay for the optional charge, Milford Baptist Kindergarten may enforce payment.

3. The agreement to pay the optional charge will last for: [insert time].

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

- If the funding rates decrease from the Ministry of Education)
- General increases in running cost that makes it hard to meet budget.

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ◆ Statutory Holidays / Term Breaks

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

If your service is open on Statutory Holidays, parents need to confirm enrolment for each individual statutory holiday.

[insert name of service] is open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:

New Year's Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Waitangi Day	<input type="checkbox"/>	Queen's Birthday	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Labour Day	<input type="checkbox"/>		

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

## Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).
- **Permission for the child to take part in regular excursions (under the conditions stated in the excursions policy)** Notification of a class excursion will be given to parents through a newsletter and the daily notice board. On a regular basis and on rainy days the kindergarten will use the Church Hall as part of our program.
- Parents will be required to volunteer to assist on the excursion. The ratio for these excursions is one adult to three children (1:3). Our optimum ration would be 1:2. Ratio around water is 1:2.
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)

## Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Milford Baptist Kindergarten 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 Pack:** Please ensure you have read the information in the parent information pack 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.

## ◆ 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 Milford Baptist Kindergarten, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

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

## ENROLMENT POLICY

The policy for enrolment ensures:

- **MBK is able to sensibly manage the number of children attending; and**
- **Parents understand when their child is likely to be able to attend.**
- **Every child enrolled takes up a space and is subsidized by the Ministry of Education.**
- **Every family will receive a Christian Bible on their first day of attendance when they are welcomed at mat time.**

**Objectives:**

To achieve:

- A balance of children in various age groups.
- Happy and fulfilling learning experiences for all children at MBK.
- Parents who understand and respond to the kindergarten's administrative procedures.
- A commitment to the philosophy of Milford Baptist Kindergarten.

**Policies:**

1. Ensures a committed enrolment until the child leaves for school.
2. Spaces will be filled according to the criteria listed below, at the sole discretion of the supervisor.
3. Priority will generally be given to children with siblings currently attending MBK.
4. To ensure that a balance of ages is maintained, the maximum number of days any particular child may attend MBK in one week is according to ages as follows;
  - 2.5 years old 2 sessions per week,
  - 3 year old maximum of 3 sessions per week,
  - 4 year old a maximum of 2 full days,
  - 4.5 year old a maximum of 3 full days. Please note that when the roll becomes congested, a limit of two morning sessions and four afternoon sessions totaling 6 sessions will provide some movement in the morning session for the waitlist.
5. When a space becomes available for a new child to attend, the space will be filled from the waiting list according to the following criteria:
  - Child's age
  - Length of time on the waiting list
  - The number of children of different ages attending MBK at the time the place becomes available
  - Whether the child has or had any siblings attending MBK
  - The child's ability to go to the toilet on his/her own
  - Whether they already attending other kindergartens.
6. Depending on the waiting list, it is the intention of MBK that children be considered for attendance from age 2.5 years as long as the child is fully toilet trained.
7. If absent from kindergarten for a continuous three week period the kindergarten is not able to claim funding for absences that continue into the fourth week and beyond. In this case your child will be removed from the roll.
8. Children with special needs or health problems may need to be absent for longer than three weeks. The kindergarten is able to apply for an exemption to the three week rule for these children.

**Procedures:**

1. Parents or caregivers enquiring about attendance at MBK will first be given an information pack.
2. Upon confirmation that the parent or caregiver wishes to enroll his/her child, an enrolment form will be completed by the parent. The child's name will be placed on the waiting list.
3. Upon being allocated a place the parent or caregiver will be given a copy of the Parent Handbook and be required to complete the necessary paperwork, along with a Free ECE attestation form, before their first session.
4. Subject to legal requirements, all information about children and staff will be kept confidential.
5. All necessary legal information will be documented and filed by the Administrator.
6. On the initial enrolment the administrator will direct (interview) the parents to ensure they understand the criteria regarding payment of fees and 2 weeks' notice of leaving.
7. Parents will sign to say they understand and accept the Centre policy and their long term enrolment until school.
9. When a parent chooses to take their child out of Kindergarten during term time other than for serious illness, they have one of two options;
  1. Pay full fees to retain the child's place.
  2. Remove the child's name off the roll, with the probability of not getting back on the roll until another space becomes available.

## PLEASE READ AND SIGN BELOW

### Fee Policy

- The accounts for Term Fees are placed in each individual child's pocket, at the beginning of each term.
- The preferred method of payment is by "on line banking". Payment can also be by cheque, cash or an automatic payment, but we do not operate EFTPOS.
- Payment of fees needs to be made in full in the first week of the term. If you have any problems with this please speak to the Supervisor or Administrator. We know things can change but integrity is expected.
- Any change to the allocation of the available "20 hours" must be advised to the administrator prior to the change, and relevant papers completed.
- **Any outstanding fees that are left unpaid may be referred to a debt collection agency, and you would incur the cost of the collector's fee.**

When a parent chooses to take their child out of Kindergarten during term time other than for serious illness, they have one of two options; please note that the Ministry of Education will not fund for any absences longer than three weeks that continue into the fourth week and beyond. Your child's name will be taken off the roll.

- Pay full fees to retain the child's space / place. (Up to three weeks only).
- Remove the child's name off /from the roll, with the probability of not getting back on the roll until another space becomes available.

I have read and fully understand the fee policy and I know to communicate any difficulty I may face concerning payment.

I agree to accept responsibility for any and all legal costs incurred in the process of collection of unpaid fees

In the event of accident or emergency, I authorize the Centre to seek such advice or treatment as it deems in the best interests of the child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If for any reason you withdraw your child from Kindergarten you are required to give two weeks' notice (or fees in lieu of this).**