

Abacus Montessori Preschool Enrolment Agreement Form

Abacus Montessori Nursery and Preschool

70 Wildberry Street

Woolston

Christchurch

PH – 03-381-2721

Email – abacusmontessori@xtra.co.nz

Web site:

◆ 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: / /

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address and Post code.

How did you hear about Abacus Montessori preschool:

◆ 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

* Information about acceptable identity verification documents is available online at

www.lead.ece.govt.nz and 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.

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:
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):
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:	

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Health			
Illness/allergies:			
Is your child up-to-date with immunisations? (Please provide verification of all immunisations)	Tick One	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
For staff: Immunisation records sighted and details recorded:	Tick One	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
I will not bring my child to the centre in the event of any sickness or infectious illness such as chicken pox, vomiting, diarrhoea, head lice as stated in the relevant policies.			
Parent 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, 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	No
		<input type="checkbox"/>	<input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:			
▪ Arnica Cream		▪	
▪ Bepathen antiseptic 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:	Tick One:	Yes	No
		<input type="checkbox"/>	<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: ____/____/____	

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◆ 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 Abacus Montessori Nursery and Preschool.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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Abacus Montessori Preschool Fees Agreement

Please enclose a \$45.00 **NON – REFUNDABLE** enrolment fee which:

- Ensures your position on the waiting list and/or place in the school
- Provides a wet bag for all wet and soiled clothing. This item is able to be retained upon leaving the centre.

•

UPON gaining a space at Abacus Montessori Preschool you will be required to pay an additional \$20.00 which:

- Entitles you to a profile book as a record of your child's learning and to regular newsletters from school and updates on interesting reading and relative educational information.
- Ensures your notification of relevant guest speakers and parent evenings and social events.

FEES

- School fees are **\$7.50 per hour**, payable weekly in advance. This rate is charged over the 20hours ECE.
- Full week fee is \$225.00
- For any full time ECE recipient the fee is capped at \$175.00.
- Day fee for over 7 hours is capped at \$55.00 per day.
- ECE \$3.00 optional charge per hour- based on a maximum of 6 hours per day and other hours charged at \$7.50 per day.

LATE FEES

- If fees are outstanding for more than 2 weeks a 10% penalty will be added to your account.
- If fees are in arrears, your child's space will be compromised and may be given to another child. Any debit will be placed in the hands of an agency and the parent will be responsible for any outstanding fees and administration costs.
- 10% discount applies to siblings attending not using 20 hours ECE or a Winz Subsidy.
- If changing you're booking and leaving prior to your child turning 5 years old, 3 weeks notice must be given in writing with all fees up to date.
- I agree to pay for statutory holidays, as per my permanent booking.
- I have read and understood the above.
- On enrolment, I agree to pay a fortnight in advance and then weekly in advance from then on.
- I understand I shall pay full fees for sickness and holiday absences taken of my own volition.

Winz - Child Care Subsidy

- I understand that I am responsible for paying my fees in full until my winz subsidy is approved.
- I understand that I am responsible for any fees not covered by my subsidy
- I agree and accept the conditions of Abacus Montessori Nursery and Preschool. In accordance with the Fees Policy.
- Invoices will be emailed or given to you in writing.
- The preferred method of payment is by direct debit

- Our banks account details are: 03 - 1590 – 0037966 – 00

- **Please note that all fees and optional charges are subject to change notified a term in advance.**

I understand this is a legal and binding contract :

Parent/Guardian Signature_____

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◆ **Optional Charges**

Abacus Montessori Preschool requests an *Optional Charge* of \$3.00 per hour from children aged 3-6 years of age, chargeable per session attended.

1. The optional charge is for \$2.50 per hour covers.
 - 3 – 6 year old extended learning class.
 - Above the ministry of education requirement of registered teachers and child/teacher ratio

50 cents per hour covers

 - Extra curriculum activities and teachers.
2. I understand that if I agree to pay the optional charge, Abacus Montessori Preschool may enforce payment.
3. The agreement to pay the optional charge will last for the period your child/children is aged 3-6 years for age. However, this will be revisited annually on your child's birthday, or at any given time, should you wish.
4. The rules about making changes to the agreement are: The optional charge can be altered at any time with the consultation with management.
5. I understand that the 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** of school term breaks.

Abacus Montessori Preschool is open all year except on the public holidays listed below. Where normal fees apply. And a 2 week closure at Christmas, dependant on the way Christmas dates fall, no fees are charged at this time.

Abacus Montessori Preschool is closed on the following public holidays if they fall on a weekday.

New Years Day, Day after new years day, Waitangi Day, Easter Monday, Anzac Day, Queens Birthday, Christmas Day, Boxing Day, Local Anniversary Day, Good Friday, Labour Day.

Please confirm acknowledgement, by signing _____ Date: ____/____/____

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). **Yes/No**
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation to be displayed at Abacus Montessori Nursery & Preschool and to be placed on the website. **Yes/No**
- **Policy Statement:** Abacus Montessori Preschool 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 Book:** Please ensure you have read the information in the parent handbook 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: ____/____/____

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◆ Service Declaration

On behalf of Abacus Montessori Nursery and Preschool, I declare that this form has been checked and all relevant sections have been completed.

On Enrolment

Deposit \$45.00:

Profile Book Fee \$20.00:

Immunisation Certificate:

Birth Certificate:

Custody Papers:

On Departure from the centre

Date on enrolment Ceased:

3 weeks in writing received:

Bill finalised:

Debt collection agency organised:

Service Provider Signature: _____

Date: ____ / ____ / ____

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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: ____ / ____ / ____						

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: ____ / ____ / ____						

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