



# Enrolment Agreement Form

451a Nelson Road  
 GISBORNE  
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 Email admin@sonrisepreschool.school.nz

## Child:

Official Surname:	Official First Names:
Preferred/Known Names:	Date of Birth:
Ethnic origin:	Iwi:
Copy of Official Identification:	
<input type="checkbox"/> NZ Birth Certificate <input type="checkbox"/> Foreign Birth Certificate <input type="checkbox"/> NZ Passport <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Other _____	
Staff Signature: _____	
Address:	Male <input type="checkbox"/> Female: <input type="checkbox"/>

Does your child have any learning or special needs? Yes     No   
 Please give details

## Parents / Guardians:

Surname:	First Name:
Address:	Phone(H)
	Phone(W)
	Phone (M):
Relationship to child:	Emergency Contact:            Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Allowed to pick up child        Yes <input type="checkbox"/> No <input type="checkbox"/>

Surname:	First Name:
Address:	Phone(H)
	Phone(W)
	Phone (M):
Relationship to child:	Emergency Contact:            Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Allowed to pick up child        Yes <input type="checkbox"/> No <input type="checkbox"/>

## Custodial Statement

Are there any custodial arrangements concerning your child? Yes  No

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:

Relationship to child:

Relationship to child:

### Alternative Emergency Contacts not listed:

Surname:

First Name:

Address:

Phone(H)

Phone(W)

Phone (M):

Relationship to child:

Allowed to pick up child: Yes  No

Surname:

First Name:

Address:

Phone(H)

Phone(W)

Phone (M):

Relationship to child:

Allowed to pick up child: Yes  No

### Doctor:

Name:

Phone:

Address:

### Health

Does your child have any special health needs including allergies Yes  No

If **Yes** please give details:

Does your child require medication for the above? Yes  No

If **YES** have you completed and signed an Individual health plan? Yes  No

Does your child require long term or on-going medication? Yes  No

If **YES** have you completed and signed HS 28 – 2? Yes  No

A category (i) medicine is a non-prescription preparation 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, such as:

arnica cream, aloe vera gel, antiseptic liquid, **sunblock**, insect bite treatment etc

Do you approve category (i) medicines to be used on your child? Yes  No

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

Is your child up-to-date with immunisations? Yes  No

(Please provide verifications of all immunisations signed by your GP or a Public Health Nurse)

## 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 number of hours:

### For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? Yes  No

Is your child receiving 20 Hours ECE at any other services? 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.
- I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at: Sonrise Christian Preschool

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

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

## Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. **WE DO NOT CLOSE FOR SCHOOL TERM HOLIDAYS.**

We **are** closed for all public holidays, 2 Teachers Only Days per year, and up to for 4 weeks over the Christmas and New Year periods.

Permission and declaration	
I understand that the teachers are only responsible for this child during Preschool hours. I am responsible for seeing this child gets safely to and from Preschool	Yes <input type="checkbox"/> No <input type="checkbox"/>
The public Health Unit undertakes standard hearing, vision and health checks, I give permission for these to be carried out on this child and for the results to be discussed with the child's teacher and/or doctor if necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that this child's portfolio will be accessible to them and their family/Whanau and I confirm that I will respect the confidentiality of other children's documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to go on excursions eg. Bus trip to the farm, kapa haka, etc. There will be a permission slip to sign a few days prior, or on the day of the trip.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to go on small walking excursions eg. to Sonrise School, nearby park etc	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to be photographed/videoed for the purposes of assessment, planning and evaluation	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for photo images to be used for publicity purposes	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for photo images/video/names to be put on the Sonrise Christian Preschool Facebook page.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission in the event of a major accident or emergency Sonrise Preschool may seek advice or treatment as deemed necessary in the best interest of the child	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for the teachers to apply antiseptic and plasters/dressings to any minor cuts and abrasions the child may receive while attending Sonrise Preschool.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sonrise Preschool has a number of policies that set out the procedures that are in place for the care and education of children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the philosophy, mission, policies of this service, and understand how you can have input to policy review.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that I will be charged for the care and education of my child and I agree to pay any fees in accordance with the Preschool's current charges. I agree that in the event of outstanding fees, the Centre will use a debt collecting agency and I will pay all costs incurred by the agency.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have been given a copy of the Fees policy, have had this explained to me and have signed it.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Other:</b> I am aware that I will be charged \$2.00 per nappy used for my child supplied by Sonrise Preschool. I am aware that if my child is in nappies or toilet training that I will be asked to provide two packs of wipes per term.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that if my child is unwell or has an infectious condition they will not attend preschool. Should they become unwell while at Sonrise Christian Preschool they may be excluded and sent home at the discretion of the Supervisor. PLEASE NOTE THAT IF YOUR CHILD HAD A TUMMY BUG YOU NEED TO KEEP THEM HOME FOR <b>36 HRS</b> FROM THE LAST EPISODE. THANK YOU.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>I declare that all information supplied on this enrolment form is true and correct to the best of my knowledge</p> <p>Parent/Guardian Signature: _____ Date: ____ / ____ / ____</p>	

## Service Declaration – OFFICE USE ONLY

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

### Has the parent completed:

- Enrolment form signed
- Fees policy signed
- 20 free hours filled out and signed
- Been given a WINZ form (fill out ECE part)

### Has the parent:

- Actioned the WINZ subsidy
- Returned the Immunisation form
- Provided appropriate identification
- Received a Parent Handbook
- Listed/explained any allergies

### APTS

- Enter details name, address etc
- Check box normal fee
- Ethnicity details & Immunisations
- WINZ and/or 20hrs details
- Booking for days attending
- NSN number allocated
- Added Portfolio Fee to account
- Added contact details to mobile phone
- Added email addresses to Parents Email List
- Printed Family Details for Parent Details Folder
- Updated Allergy List for kitchen (if necessary)
- Allergies Poster for kitchen (if necessary)

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





## Fees Policy

SR5

We charge \$4.00 per hour.

All fees are to be paid **one** week in advance each Friday morning, for the coming week. You are welcome to pay the first week's fees prior to your child's start date.

All accounts are payable within **7 days**.

No account in any **1 month** (for each child) to exceed **\$200 overdue**. Parents must be responsible about paying their account in a timely manner.

Fees can be paid by automatic payment, direct credit, cheque or cash into the following bank account, Westpac **03 – 0638 – 0566185 – 000**. Otherwise please make payment to the administrator. **However, automatic payment is our preferred method of payment.**

Accounts will be in your child's "pocket" for you to collect, unless you inform the office of an alternative arrangement

ECE 20 hours: Available for 3 - 5 year olds, up to 6hrs per day/20hrs per week. To receive this, you will need to sign an Attestation form to pledge these hours to our Centre. Our \$4.00/hr fee applies to any hours over and above the 20hrs.

WINZ childcare subsidy: May be available for 0 - 5 yr olds, depending on family circumstances. We have WINZ subsidy forms in the office. The form needs to be filled in, signed by the Office Manager or the Head Teacher and taken to WINZ immediately. It is a good idea to get this processed before your child starts attending our Centre. **It is the parent's responsibility to ensure all paper work is processed and received by WINZ on time.** However, fees must be paid in full until the letter of confirmation is received from WINZ. Any credit held when subsidies are paid, will be refunded directly to the parent where applicable.

Subsidy renewals or change of hours are the parent's responsibility. A WINZ form is available from the office.

Late Fee: We charge \$1/min late after 4pm. If our staff have to stay after 4pm due to a child being collected late, then we need to cover the cost of their wages.

Holding Fee: Any child away for 3 consecutive weeks (or 3 'same' days of week), or longer (apart from medical reasons), will be charged a 'holding fee'. This will be the amount of government funding lost, plus our normal hourly rate of \$4.00/hr.

Absences: Fees are payable for all family/school holidays, sickness or any other absences. We do **not** offer make-up days for absences. No payment is required for Teacher Only Days, Statutory Holidays or when the Centre is closed over the Christmas period.

Enrolment will be suspended if there is no attendance for three weeks **without** prior notice. You will also be liable for the fees for the following two weeks as your notice period.

Unpaid Fees: Non-payment of full fees for **three** weeks, with **no** arrangements made will result in your child being unenrolled and their place being re-allocated to the next child on the waiting list. Your overdue account will be forwarded to a debt collection agency.

Please give **two weeks** notice when you intend your child to leave Sonrise Preschool. If two weeks notice is **NOT** given, then fees for the following two weeks will be added to your account.

**Overdue Accounts:**

- If no payment received in the **7 days** period as stated above, then you will be sent a letter informing you that your account is overdue and you have **1 week** to make payment towards your account. This letter will also state that if no payment towards the account is received that Sonrise Christian Preschool reserves the right to reduce your child’s hours until your account is paid. Your child’s space on the roll could be replaced by another child if there are no other vacancies at that time. Once your account has been paid we will do our best to ensure we can provide a place for your child, otherwise they will be placed on the waiting list until such time as we have a vacancy for them.
- If no payment is received in 7 days after the first letter has been sent, then the child’s hours will be reduced (20hrs for 3-4yr olds, by 50% for 2yr olds), a second letter will be sent stating that if we do not receive some payment towards your account in 7 days it will be referred to Baycorp.
- If no payment is received by the date stated on this second letter your child will be unenrolled and the account will be referred to Baycorp. This will include the amount outstanding and any other costs that are incurred while recovering this debt.
- Should you leave the Centre without settling your debt you will be given 2 weeks to do so. If you do not comply your debt and any other costs incurred with recovering this debt will be referred to Baycorp.

I have read and understand the fees policy and overdue account procedure.

I have been given the following documentation:

- 20 Free ECE attestation form to sign
- Where applicable a WINZ application form
- Where applicable an automatic payment form

I understand that the signatories below will be responsible for payment of my account and in failing to do so Sonrise Christian Preschool reserves the right to refer my debt to Baycorp.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_





## Personal Profile

Although we are in daily contact with your child, we do not often get time to know details about your whole family and home environment.

This information will help us relate more personally to your child. Information shared will remain **strictly confidential** to Staff.

**Child's Name:** .....

**Date of Birth:** .....

**Start date:** .....

**Parent's Names:** .....

**Today's date:** .....

### **Could you share with us about the following?**

1. Tell us about your family e.g. Number of children, their names, ages, schooling, jobs etc
  
2. What are your child's interests, favourite toys and activities?
  
3. If you have pets, what are they and what are their names?

