



Strong Foundation Bright Future

Immanuel Preschool Application for Enrolment

Service No:

Childs start date:

Childs Last day:

◆ 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:

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](#)

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

Visit our Website: www.immanuelpreschool.ac.nz



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| Parents / Guardians: | |
|-----------------------------------|--------------------------------|
| First Names: | Relationship : |
| Surname: | Phone (Home): |
| Address: | Phone (Work): |
| Post Code: | Phone (Mobile): |
| Use as Emergency Contact YES / NO | Email: |
| | Can Collect the Child YES / NO |
| First Names: | Relationship : |
| Surname: | Phone (Home): |
| Address: | Phone (Work): |
| Post Code: | Phone (Mobile): |
| Use as Emergency Contact YES / NO | Email: |
| | Can Collect the Child YES / NO |
| Associates | |
| First Names: | Relationship: |
| Surname: | Phone (Home): |
| Address: | Phone (Work): |
| Post Code: | Phone (Mobile): |
| Use as Emergency Contact YES / NO | Email: |
| | Can Collect the Child YES / NO |
| First Names: | |
| Surname: | Relationship: |
| Address: | Phone (Work): |
| Post Code: | Phone (Mobile): |
| Use as Emergency Contact YES / NO | Email: |
| | Can Collect the Child YES / NO |
| First Names: | Relationship: |
| Surname: | Phone (Home): |
| Address: | Phone (Work) |
| | Phone (Mobile): |
| | Email: |
| Use as Emergency Contact YES / NO | Can Collect the Child YES / NO |

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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 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: |

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.

Parents Signature: _____

Date: _____

Doctor:

| | |
|----------|--------|
| Name: | Phone: |
| Address: | |
| | |

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◆ Statutory Holidays / Term Breaks

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

Immanuel Preschool is not open on any public holidays.

| | | | | | |
|--------------------------|---|------------------|---|--------------------------|----|
| New Year's Day | 1 | Easter Monday | 5 | Christmas Day | 9 |
| Day after New Year's Day | 2 | ANZAC Day | 6 | Boxing Day | 10 |
| Waitangi Day | 3 | Queen's Birthday | 7 | Auckland Anniversary Day | 11 |
| Good Friday | 4 | Labour Day | 8 | Matariki Day | 12 |

◆ 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 Immanuel Preschool.

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

Optional Charge

I understand that pursuant to Ministry of Education requirements, an optional charge is not compulsory and if I choose not to pay there will be no penalty. However, Immanuel Preschool organises educational trips to extend children's learning/interest twice a year and you would be asked to pay an amount of \$10-\$12/ trip /child as an optional charge we would notify the parents through newsletter/flyer/consent forms and notices in advance of the planning of the actual cost which reflects the bus fare and entry fee

1. The optional charge is for: excursion which would cover

☐ Bus fare as travel is required to get to the destination,

☐ Entry fee

2. I understand that if I agree to pay for the optional charge, Immanuel Preschool may enforce payment.

3. The agreement to pay the optional charge will last for the entire period of your enrolment.

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

☐ you must give two weeks of notice in writing.

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.

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Health

Illness/allergies:

Is your child up-to-date with immunisations?

Tick One

Yes

☐

No

☐

(Please provide verifications of all immunisations)

For Staff: Immunisations record sighted and details recorded:

Tick One

Yes

☐

No

☐

Medicine

Category (i) Medicines

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.

Do you approve category (i) medicines to be used on your child?

Tick One

Yes

☐

No

☐

Name/s of specific category (i) medicines that can be used on my child, **provided by Immanuel Preschool:**

▪ Arnica Cream

▪ Antiseptic Liquid

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.

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

Individual health plan completed and signed:

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: ____ / ____ / ____

Consent for Vision and Hearing Screening Programme

I consent for my child to have Vision and Hearing Test : YES / NO (Please Circle Your Choice)

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

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◆ 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 Immanuel Preschool I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____

Parent to sign.....

General (M.O.E. Requirement)

I give permission for my child to be taken from the centre on walks, local trips in Van. Minimum ratios will apply

1 adult to 4 children (Over two) and 1 adult to 3 children (under two).

I give permission for my child to be observed/photographed/videoed and their photos can be used for documentation in the form of learning stories for portfolios, for curriculum board displays, Slide shows for centre concerts and workshops, newsletters and Gallery in Immanuel Preschool Website only.

Parent/Guardian Signature: _____ Date: _____

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:

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Administration

I certify that I have read, understood and accept the following:

1. I understand that the Ministry of Educations funding of my child's childcare ends from the date on which my child's parent/guardian advises Immanuel Preschool that my child will no longer be returning to Immanuel Preschool or after 3 weeks continuous absence. I also understand that if my child has been absent for more than 50% of their enrolled days or hours in the month then I will be required to sign Immanuel Preschools' reconfirmation form of my child's future intended hours and days of attendance.
2. I understand that Immanuel along with parental consent and involvement would involve the special education service of the Ministry of Education in regard to any behaviour management problems or issues with my child.
3. I have read the Immanuel Preschool philosophy and accept it and I am aware that the preschool's philosophy is based on Christian values and Morals and therefore my child would be given opportunities to explore Christian education like bible stories, songs etc.
4. I agree to pay the weeks fees by Friday of that week.
5. I understand that 2 weeks written notice is required of me for the withdrawal of my child's enrolment for any reason and that I will have to pay full fees during this period.
6. I will notify Immanuel Preschool and sign the appropriate register if my child is to be absent or I require a change of hours on any day. I will give at least 2 weeks' notice of any permanent change of hours and of holiday hours.
7. If anyone other than person listed on my enrolment form is to collect my child I will notify Immanuel preschool in writing.
8. By signing this enrolment form I authorise Immanuel Preschool to administer to my child medications in accordance with appendix to regulations and Immanuel Preschools medicine administration policy.
9. I will not bring my child to Immanuel Preschool in the event of sickness and accept that the licensee/manager/supervisor my not accept my child for care if my child appears to be unwell.
10. In the event of accident or emergency I authorise Immanuel Preschool to seek such advice and treatment as it deems necessary in the best interests of my child. Immanuel Preschool will make necessary and reasonable effort to contact the emergency contact person noted above to advise of and discuss the action taken.
11. I authorise the Ministry of Education to make any enquiries it deems necessary regarding the information provided on this form to the extend necessary information to make decisions about this child's eligibility of 20 hours ECE. I also consent to the early childhood service providing relevant information to the Ministry of Education, and to other ECE services about my child if my child is enrolled at another ECE service, about the information contained in this form.
12. I declare that the information supplied by me at all times is correct and accurate.
13. I have read and understood the information in this form and confirm that the information provided by me is true and correct.

Name of the enrolling Parent/Caregiver:.....

Signature of the enrolling Parent/Caregiver : Date:

Signature of Licensee/Team Leader:..... Date:

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Childs Last day:

Birth Date _____

I would like to be called _____ by Immanuel Preschool Team.

| | |
|--|--|
| <p>My Family Members:</p>  | <p>My Special People and friends:</p>  |
| <p>Our Family Interests:</p> | <p>Our Pets and Special Toys:</p>  |
| <p>My Favourite Books and Songs:</p>  | <p>At home I really enjoy:</p>  |
| <p>My Fears and Needs – is there anything you Would like to share with staff:</p> | <p>Special Ways to Comfort me when I'm upset</p> |
| <p>Is there anything else you would like to tell the Immanuel Preschool team?:</p> | |