ENROLMENT AGREEMENT FORM

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 2020. 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

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 ☐ New Zealand passport ☐ Other

☐ Foreign birth certificate ☐ Foreign passport

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

Postcode

Number of children in family Place in the family Religious Denomination

I understand that acceptance into SmartStart is conditional on my child being fully toilet trained.

Is your child in pull ups? ☐ Yes ☐ No

Can your child wipe own bottom? ☐ Yes ☐ No

Three weeks with no accidents indicates that your child is toilet trained.

Can your child go to the toilet independently? ☐ Yes ☐ No

How long has your child been out of nappies for?

Signed Date / /

FAMILY INFORMATION:

Mother / Stepmother / Guardian (circle one) Title

Surname

First Name

Address

Home phone Fax

Mobile

Email

Occupation

Business name

Business phone

Business address

Father / Stepfather / Guardian (circle one) Title

Surname

First Name

Address

Home phone Fax

Mobile

Email

Occupation

Business name

Business phone

Business address

EMERGENCY CONTACT NAMES AND PHONE NUMBERS:

(in order of contact preference, and should be persons other than immediate parents / caregivers)

Name ..... Relationship .....
Phone ..... Mobile .....
Name ..... Relationship .....
Phone ..... Mobile .....
Name ..... Relationship .....
Phone ..... Mobile .....

PERSONS AUTHORISED TO COLLECT YOUR CHILD:

Name ..... Relationship ..... Mobile/ph .....
Name ..... Relationship ..... Mobile/ph .....
Name ..... Relationship ..... Mobile/ph .....

Who will normally collect the child? .....

Address (if not already stated) .....

PLEASE NOTE: The people you have listed above are the only people who can take your child from the preschool. If there is any alteration to the above, please inform the preschool and make a note on the daily register.

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 .....

AUTHORISATIONS FOR PHOTOGRAPHY AND VIDEO:

Photos of your child will be used for purposes of assessment, planning and evaluation.
I understand photos of my child will be used in planning stories, where they will be placed on the cloakroom and/or classroom wall to inform parents/caregivers of the child led learning taking place.
The photos will also be used in your child's individual portfolio as a learning story. Group photos, will be used in group learning stories, where photos of your child with other children will be placed in those other children's portfolio. Video recordings, if any, will be solely used by teachers for assessment purposes, and not shown to anyone else without your permission.

I consent / do not consent for my child to be photographed or recorded on video while at preschool.
I consent / do not consent for my child's image to be used on Smart Start Montessori's website.

Signed ..... Date .....

AUTHORISATION FOR CLASS TRIPS:

I consent / do not consent for my child to participate in trips away from preschool. (The ratio for class trips is 1 adult to 2 children)
I consent / do not consent for my child to participate in spontaneous trips within walking distance of Smart Start preschool for the purpose of concert practice, road safety instruction etc. (The ration for these class trips is 1 adult to 6 children, however, we will endeavour to always have more than 1 adult with any child or group of children

Signed ..... Date .....

MEDICAL INFORMATION:

Doctor ..... Phone .....

Address ..... Name of Medical Centre .....

.....

Is your child up-to-date with immunisations? (tick one) ☐ Yes ☐ No

(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded: (tick one) ☐ Yes ☐ No

Hospitalisations .....

Medications .....

Does your child have any of the following.

Any chronic illness / condition? If so, are there any implications or actions to be followed in relation to that illness / condition?

.....

Speech problems? ..... Vision problems? .....

Seizures (convulsions)? ..... Sleeping problems? .....

Asthma? ..... Behavioural problems? .....

Start walking after 14 months? ..... Allergies? .....

Ear infections? .....

Is there anything else you think the school should know to ensure the best possible care?

.....

If my child has an allergy, I give permission for my child's name to be shown on the allergy list in the classroom.

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.

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

Name/s of specific category (i) medicines that can be used on my child.

- Arnica cream
- Insect bite cream-Anthisan

Parent/Guardian Signature ..... Date .....

MEDICINE: 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 .....

MEDICINE: 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 ☐ 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 .....

MEDICAL AUTHORISATION:

I agree to keep my child at home if they are unwell or suffering from any condition that is contagious. I will notify the preschool promptly of my child's absence and inform them of the nature of the illness.

I authorise Smart Start Montessori Preschools to administer medication provided by me for my child and in the event of illness or accident to conduct first aid and/or seek medical advice as they feel necessary for my child's best interest.

In the event of an emergency, I authorise Smart Start Montessori Preschools to seek professional medical assistance or treatment as they deem necessary. I accept responsibility for the cost of these services.

Parent/Guardian Signature ..... Date .....

PRESCHOOL FEES:

- Smart Start Montessori is open for **49 weeks** of the year. Smart Start's Montessori program runs from **9am to 4pm (Full Day)**.
- Fees will be charged for **49 weeks** of the year that Smart Start Montessori is open, regardless of illness, family holidays and statutory holidays. (Refer to discretionary **Holiday subsidy** below).
- A **minimum of 3 days** attendance per week is required. This is to enable continuity of the child/teacher relationship and to assist with familiarity with other children and the preschool.
- A **10% discount** will be granted while 2 or more siblings are attending.
- Fees are **paid monthly** in advance.
  - Fees must be paid by the **end of the second week** of each month. Late payments will incur a **10% late payment penalty fee** for every month it is overdue. If your child's fee remains unpaid, please be aware that this may result in the cancellation of your child's enrolment and the debt passed on to a Debt Collection Agency. You will accept responsibility for all recovery and legal costs incurred in this process.
  - Please pay directly into the Smart Start Montessori bank account, (**Smart Start Montessori Ltd 38-9004-0197964-00**), either by automatic payment or internet banking. Please include your child's name and Reference Code (located on invoice) in the reference fields.
  - If you are paying by cash, please place in a clearly named envelope and hand directly to one of the teachers. You will be given a receipt immediately.
- I understand and accept that irrespective of any arrangement I may make with any third party to pay fees, (eg Income Support Services, Trusts etc) the full responsibility to pay Smart Start Montessori fees remains with me.
- Please check your invoices when they are issued, to ensure that you are being charged for the correct times and at the correct rates.
- If your child is away for any amount of time on holiday or is sick, you are still obligated to pay for your child's fee in full.
- Statements will be given on request.
- A **discretionary Holiday subsidy** will be granted to a child who will be absent for a **maximum of 2 weeks per year**.
  - The discretionary Holiday subsidy requires you to only **pay 50%** of the child's normal weekly fee.
  - Extended leave beyond 2 weeks will be invoiced at the normal weekly fee rate.
  - Written notification of absence for a period of up to two weeks, must be given four weeks in advance.
  - As spaces cannot be held indefinitely, any leave beyond four weeks is at Smart Start Montessori's discretion and may result in cancellation of your child's enrolment.
- WINZ Childcare subsidy forms are available if applicable to your family. Please note that you are unable to claim WINZ support for the same hours that you are claiming for 20 ECE hours.
- Smart Start Montessori reserves the right to renegotiate the fee structure at any time.
- Fees are reviewed annually. Please contact us if you have any queries regarding fees or invoices.
- A non-refundable booking fee of $75 is payable when enrolling your child to secure their position.
- Fees are GST inclusive.

Parent/Guardian Signature ..... Date .....

OPTIONAL CHARGE

Smart Start's Montessori program runs for 49 weeks of the year, from 9am to 4pm (Full Day).

An **Optional Charge** is applied to children claiming 20 Hours ECE.

The optional charge is for contributions to the additional costs of running our Montessori program, specifically:

- **100% qualified and registered teachers.**
- **100% Montessori trained teachers.**
- **Specialised Montessori** learning equipment.
- Our unique **One on One reading program.**
- Work books for literacy and numeracy to assist school readiness.
- Day to day sundries such as Hall Hire, Insect repellent, Arnica cream, fruit and vegetables.

- 20 Hours ECE entitlement can be applied from 8.30am, however the maximum allowance is 6 hours per day; 20 hours per week.
- If a child is eligible for 20 Hours ECE and is enrolled for more than 6 hours per day; 20 hours per week, management will explain how the fee is calculated for that enrolment.
- As parents, you have the choice as to whether you want to pay the optional charge for the additional costs of running our Montessori program.
- I understand that if I agree to pay the Optional Charge, Smart Start Montessori may enforce payment.
- Smart Start Montessori reserves the right to renegotiate the fee structure at any time.
- Fees are **paid monthly** in advance.
  - Fees must be paid by the **end of the second week** of each month. Late payments will incur a **10% late payment penalty fee** for every month it is overdue. If your child's fee remains unpaid, please be aware that this may result in the cancellation of your child's enrolment and the debt passed on to a Debt Collection Agency. You will accept responsibility for all recovery and legal costs incurred in this process.
  - If you are paying by cash, please place in a clearly named envelope and hand directly to one of the teachers. You will be given a receipt immediately.
- If your child is away for any amount of time on holiday or is sick, you are still obligated to pay your child's fees in full.
- The agreement to pay the Optional Charge will last for the duration of your child's attendance at Smart Start Montessori.
- Fees are GST inclusive.
- By signing below, I agree to pay the Optional Charge for my child's attendance.

Parent/Guardian Signature ..... Date .....

ENROLMENT DETAILS:

Application date ..... Start date ..... Finish date .....

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	Total hours
Times Enrolled						

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? ☐ Yes ☐ No
2. 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.
- Your 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 Smart Start Montessori 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.

Duel Enrollment 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 Smart start Montessori.

Parent/Guardian Signature ..... Date .....

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

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature ..... Date .....

NOTICE OF WITHDRAWL:

Before withdrawing my child from Smart Start Montessori preschool, I agree to give four weeks notice in writing to management by email (info@smartstart.school.nz) and to pay the four weeks fees for that notice period (and any other fees owing), whether or not my child attends Smart Start Montessori for the four week notice period.

EXPLANATION OF TERMS:

a) Throughout this document the term "Smart Start Montessori Preschools" refers to Preschools owned by Smart Start Montessori Ltd.

ADMISSION INFORMATION:

How was your child introduced to Smart Start Montessori Preschools? .....

Reasons for choosing Smart Start Montessori Preschools? .....

a) This application will be considered official when the completed form has been returned with the non-refundable fee of $75.

b) Admission is conditional upon a parent/child interview. We reserve the right to refuse admission or request the withdrawal of a pupil for any cause which in the opinion of the preschool is deemed reasonable.

c) My child will start attending at Smart Start Montessori Preschools at a specified starting date agreed upon between myself and management. I understand that if my child is then unable to attend at the specified starting date, I will still have to pay the fees owing in full.

ARRIVAL AND DEPARTURE:

a) I agree to sign the daily register on arrival and departure. I am aware of the designated start and finish times of each session and agree to deliver and collect my child on time.

b) I will call staff at Smart Start Montessori Preschools if I am unavoidably late. I acknowledge that a late collection fee of $10 applies on each occasion that my child is collected more than 10 minutes after the designated time. Additional to this late collection fee, I understand a charge of $6 per half hour or part thereof will also be payable if I arrive after the designated time.

c) I will ensure that all doors and/or gates are securely closed each time on entering and exiting Smart Start premises.

d) I understand that my child cannot be delivered or collected from Smart Start Montessori Preschools by persons under the age of 16.

PARENT DECLARATION:

I agree to all terms and conditions of this application, and declare that all the information provided is true and correct to the best of my knowledge.

Signed (mother) ..... Date .....

Signed (father) ..... Date .....

Preferred days .....

SERVICE DECLARATION:

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

Service Provider Signature ..... Date .....

COMMUNICATIONS:

All notices and written communications should be addressed to:

The Principal, Smart Start Montessori Preschools, 99 Grange Road, Mt Eden, Auckland

FOR OFFICE USE:

☐ Application fee received (date) .....

☐ Receipt sent (date) .....

☐ On waiting list .....

Date data entered .....

Date of pupil entry .....

CHANGE OF DAYS / TIMES OF ENROLMENT:

Effective date of change .....

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
Times Enrolled						

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature ..... Date .....