



LIBERTY

Montessori

Enrolment Agreement Form

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

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* sighted by staff:

☐ New Zealand birth certificate

☐ New Zealand passport

☐ Other

☐ Foreign birth

certificate

☐ Foreign passport

Staff initials:

Child's date of birth: dd / mm / yyyy

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.

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.

*You can find more information about national student numbers and acceptable identity verification documents at: <https://www.nzqa.govt.nz/login/national-student-number-nsn/>

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies.

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Parents / Guardians

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Invoice sent to this email Yes / No	Invoice sent to this email Yes / No
Use this email for Storypark Yes / No	Use this email for Storypark Yes / No

Additional Emergency Contacts (also able to pick up child)

If we are unable to contact, you please provide names and numbers of immediate family members/friends to be contacted in an emergency.

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

If you would like to authorise more people, please provide their details on the back page.

Additional person/s who can pick up your child:

The following people are authorised to collect my child from the preschool

Given names:	Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

If you would like to authorise more people, please provide their details on the back page.

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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:

Name:

Name:

Child's doctor

Name:

Phone:

Name of medical centre:

Health

Please detail any illnesses or allergies along with a par (Action Plan for Allergic Reactions)

For staff: Illness/Allergies sighted, and details recorded:

Tick One

Yes

☐

No

☐

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

☐

- I authorise staff at Liberty Montessori to take necessary action, as deemed appropriate at the time, in the event of my child having a medical emergency at school.
- I understand that I will be asked to collect my child if staff feel they are too ill to stay.
- I understand that if I am called upon to collect my child I will need to do so immediately.
- I agree to abide by the school policy regarding safety of children who I bring to or collect from the school.

If you have an additional request to be actioned in the event of a medical emergency regarding your child at school, please provide details below.

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? Tick One Yes ☐ No ☐

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

- | | | | | | |
|---|----------|-----|--------------------------|----|--------------------------|
| • NaturoPharm Arnica/Calendula cream (for bruises) | Tick One | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Savlon (antiseptic cream for wounds) | Tick One | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Stingoes spray/Anthisan Cream (insect bites and stings) | Tick One | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Help-it Burn gel Zinc (sunburn) | Tick One | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Sudocrem Zinc & Castor Oil (nappy rash) | Tick One | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ Cancer Society SP50 (Sunblock) | Tick One | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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

Category (ii) Medicines

Category (ii) medicines are a 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, and 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.

With regards to administration of paracetamol or any other children's pain killer, we will administer this under the following conditions only. Paracetamol or any other child painkiller will only be administered under the directions given on the label which must be prescribed under the child's name.

Paracetamol or any other child painkiller will only be administered for pain for the minimum length of time prescribed for a specific condition. Paracetamol or any other child painkiller will not be administered to manage a child's fever if they are attending normal sessions over this period. If a child has a fever, they are required to stay at home and for the parent to manage their fever as directed by a medical specialist.

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 a prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream etc) medicine that is used for ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema etc) and provided by a parent for the use of that child only. A written authority from a parent given at enrolment as part of an individual health plan, or whenever there is a change, detailing what (name of medicine) how (method and dose) and when (time or specific symptoms/circumstances) the medicine should be given.

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: ____ / ____ / ____

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Other Information

Please give details of which primary school your child may attend and at what age.

Please list any other siblings that attend Little Liberty Montessori or Liberty Montessori (a sibling discount may apply):

Do you give permission for?

Your child to take part in regular excursions to the Liberty Car Park for events including Bike Days under the conditions stated in the Car Park Excursion policy 19.1 (with the Adult to Child Ratio of 1:5 for children aged 2 years and over and 1:3 for children aged under 2 years.) Yes / No

Your child to be photographed and/or videoed for the purposes of assessment, planning, evaluation, for Storypark? Yes / No

Your child to be observed by visitors (e.g., students) and notes taken? Yes / No

Yours and your child's names and phone numbers to be given out to other parents or children within the school? Yes / No

Your child's details to be loaded into an online secure portfolio in Storypark. Yes / No

I acknowledge I have read and understood the Reducing food and related choking for babies and young children at early learning services from The Ministry of Health Yes / No

Your child's photo to be used for the purposes of Liberty Facebook, marketing and parent group posts/events Yes / No

Your child to have the Cancer Society SP50 sunblock applied up to twice a day when required Yes/No

Policies

Liberty Montessori has several policies that set out the procedures in place for the care and education of your child. We strongly urge you to read these. The signing of this Enrolment Agreement indicates that you will abide by the policies of this service and understand how you can have input into policy review. You will find most of the information you need in the Parent Handbook, and the full set of policies are available to view in the parent area.

Parent Information Book

Please ensure that you have read the information in the enclosed Parent Handbook as it covers our practises in detail and outlines ways in which we can help you and your child settle into the Liberty Montessori family.

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Privacy

All information regarding your child will be kept securely and remain confidential.

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: ____ / ____ / ____

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Charges and Session Times

Please refer to the latest Charges Schedule for details of current charges and session times.

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 Liberty Montessori.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. Unless I choose to withdraw my child's enrolment, fees are payable for any day my child is enrolled.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Trial Period

I acknowledge that _____ enters Liberty Montessori on a 3-week trial. After that trial period, one month's written notice is required prior to leaving. If one month's notice is not given, I understand and accept that I will be charged the normal fees for this period.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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 – Completed by Administrator

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

Service Provider Signature: _____

Date: ____ / ____ / ____

