

**ENROLMENT AGREEMENT**



**CHILD'S DETAILS**

Date of application \_\_\_\_\_ Start Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Child's official given name \_\_\_\_\_  
First name Middle name(s) Family name

Name your child is known by/preferred name \_\_\_\_\_ Gender Male/Female

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Languages spoken at home \_\_\_\_\_

Whakapapa  
Iwi (Main Tribe) \_\_\_\_\_ Hapu (Sub Tribe) \_\_\_\_\_

Awa (River) \_\_\_\_\_ Maunga (Mountain) \_\_\_\_\_ Waka (Canoe) \_\_\_\_\_

Copy of official identity verification documents for your child  
Please provide one of the identity verification documents listed below. Originals must be provided on enrolment and photocopies will be held in your child's personal information folder.

- |  |  |
|--|--|
| <input type="checkbox"/> New Zealand birth certificate | <input type="checkbox"/> Foreign birth certificate |
| <input type="checkbox"/> New Zealand passport          | <input type="checkbox"/> Foreign passport          |

Originals sighted and copy taken by: Name \_\_\_\_\_ Signature \_\_\_\_\_

Child's primary residential address \_\_\_\_\_

Post Code \_\_\_\_\_

Number of children in the family \_\_\_\_\_ Child's place in the family \_\_\_\_\_

**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 and 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 identity 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](http://www.minedu.govt.nz/parents)

**PARENT/GUARDIAN DETAILS**

**PARENT/GUARDIAN ONE**

Given names \_\_\_\_\_ Surname/family name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

**PARENT/GUARDIAN TWO**

Given names \_\_\_\_\_ Surname/family name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

**CUSTODIAL STATEMENT**

Are there any custodial arrangements concerning your child?

YES                  NO

If **YES**, please give details of any custodial arrangements or court orders

*\*Please note, a copy of any court order is required as part of your child's enrolment information.*

\_\_\_\_\_  
\_\_\_\_\_

Person/s who **cannot** pick up your child

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

**ADDITIONAL PERSON/S WHO CAN PICK UP YOUR CHILD**

**CONTACT ONE**

Given names \_\_\_\_\_ Surname/family name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

**CONTACT TWO**

Given names \_\_\_\_\_ Surname/family name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACTS (ALSO ABLE TO PICK UP YOUR CHILD)**

**EMERGENCY CONTACT ONE**

Given names \_\_\_\_\_ Surname/family name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

**EMERGENCY CONTACT TWO**

Given names \_\_\_\_\_ Surname/family name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

## MEDICAL

Name of doctor \_\_\_\_\_

Name of medical centre \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## IMMUNISATION

Is your child up-to-date with immunisations?

YES              NO

If **YES** please tick appropriate boxes below

Type	Immunisation Complete	Immunisation Incomplete
Rubella		
Mumps		
Measles		
HIB		
Pertussis (Whooping Cough)		
Tetanus		
Diphtheria		
Polio		
Hepatitis B		
Meningococcal B		

Original immunization certification must be provided on enrolment and photocopies will be held in your child's personal information folder

Originals sighted and copy taken by:      Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If you have chosen to **NOT IMMUNISE** your child, please read and sign below

I have chosen not to immunize my child. I understand that if I have chosen not to immunise my child may be excluded from school in the event of an outbreak of any of the above diseases. I further understand that I will continue to be liable for fees during the exclusion period.

Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

## 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 Tipu Montessori and kept in the first aid cabinet.

Note: Category (i) medicines used by Tipu Montessori are arnica (bruises) and calamine lotion (insect bites)

Do you approve of category (i) medicines to be used on your child?                      YES / NO

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Category (ii) Medicines**

Category (ii) medicines are prescription medicines (such as antibiotics, eye/ear drops etc.) that are used for a specific period of time to treat a specific condition or symptom, provided by you for the use of your child only.

I acknowledge that written authority from a parent or guardian 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.

Signature of Parent/Guardian \_\_\_\_\_ 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 as asthma, eczema or allergy, and is for the use of your child only.**

Does your child have any on-going medical conditions?                      YES              NO

If YES please give details below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that you will be asked to provide the details of any long-term medicines on a separate form.

Does your child have an individual health plan concerning his/her on-going medical conditions?      YES / NO

If your child requires an individual health plan (for example in the case of anaphylaxis) please provide the original plan to be copied and displayed in the teachers' area at Tipu Montessori.

Originals sighted and copy taken by:      Name: \_\_\_\_\_ Signature \_\_\_\_\_

**DIETEARY REQUIREMENTS**

Does your child have any special dietary needs?                      YES              NO

If YES please give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can your child have sweet foods on special occasions e.g. birthdays?                      YES              NO

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ENROLMENT DETAILS**

NOTES: A minimum 3 days attendance required

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.

In the table below please enter the hours your child will be enrolled at the school for each day e.g. 8:30am – 3:30pm

Enter the total hours for the week in the end box.

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						<b>Total Hours</b>

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

20 hours ECE at <b>this</b> service						<b>Total Hours</b>
20 hours ECE at <b>another</b> service						<b>Total Hours</b>

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**20 HOURS ECE ATTESTATION**

Is your child is receiving 20 hours ECE for up to 6 hours per day, 20 hours per week at this service?

YES NO

Is your child receiving 20 hours ECE at any other service?

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 authorize 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 form.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DUAL ENROLMENT DECLARATION**

Please circle the correct words for your situation

I hereby declare that my child **is/is not** enrolled in another early childhood institution at the same times that **he/she** is enrolled at Tipu Montessori.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**STATUTORY HOLIDAYS / TERM BREAKS**

This enrolment agreement is inclusive of school term breaks.

Tipu Montessori is closed on the Statutory Holidays listed below:

New Year’s Day/Day after New Year’s Day/Auckland Anniversary Day/Waitangi Day/Good Friday/Easter Monday/ANZAC Day/Queen’s Birthday/Labour Day/Christmas Day/Boxing Day.

Tipu Montessori may close for a period of time during the Christmas holidays in which event you will be notified in advance.

**CHANGE OF DAYS/TIMES OF ENROLMENT**

**CHANGE ONE**

Effective Date of Change: \_\_\_\_\_

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						<b>Total Hours</b>

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

20 hours ECE at <b>this</b> service						<b>Total Hours</b>
20 hours ECE at <b>another</b> service						<b>Total Hours</b>

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CHANGE TWO**

Effective Date of Change: \_\_\_\_\_

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						<b>Total Hours</b>

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

20 hours ECE at <b>this</b> service						<b>Total Hours</b>
20 hours ECE at <b>another</b> service						<b>Total Hours</b>

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CHANGE THREE**

Effective Date of Change: \_\_\_\_\_

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total Hours

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

20 hours ECE at <b>this</b> service						Total Hours
20 hours ECE at <b>another</b> service						Total Hours

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**IDENTIFICATION OF PERSON SIGNING THE ENROLMENT FORM**

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Driver's licence # \_\_\_\_\_ Passport # \_\_\_\_\_

**PAYMENT OF FEES**

For child **not** receiving 20 hours ECE

I agree to pay fees for those children not attesting to 20 ECE hours or children under three years of age, as stated in the accompanying fee schedule.

For child receiving 20 hours ECE

I agree to pay fees for the times over and beyond the 20 ECE hours my child receives, as stated in the accompanying fee schedule.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**FEES & WINZ ENROLMENT DETAILS**

I have agreed to pay to following fees because I will attest to less than 6 hours per day and/or wish to use the WINZ subsidy:

Fees per week \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If you are applying for a WINZ subsidy, forms are available from the school office. Please note that WINZ funding is only eligible from the date you make an appointment with WINZ so please ensure you do this as soon as possible. Fees must be paid in full by you until WINZ has approved your application and payment commenced.



**PAYMENT OF ACCOUNTS**

Accounts are payable fortnightly. Due dates and bank account details will be clearly stated on the bottom of each account.

Please indicate below how you would prefer to pay your invoice

OPTION A – Cash

OPTION B – Automatic Payment

OPTION C – Internet Banking

**NOTE:** Tipu Montessori does not accept cheques, credit cards or Eftpos as payment methods.

**DELIVERY OF ACCOUNTS**

Please indicate below how you would like to receive your account

OPTION A – EMAIL (preferred method of receiving invoices)

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Email Address \_\_\_\_\_

OPTION B – POST

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address (for service) \_\_\_\_\_

Post Code \_\_\_\_\_

- I agree that it is my responsibility to notify Tipu Montessori of any changes of address details concerning the delivery of my child’s account.
- I agree that I have read and understood the terms as stated in this enrolment form.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## CHECKLIST

The following items must be included with your enrolment application

Child's birth certificate (to be copied) YES  NO

Or

Child's passport (to be copied) YES  NO

Child's immunization certificate (to be copied) YES  NO

Proof of address document (to be copied) YES  NO

This is an official document with your current address printed on it for example; phone bill or power bill.

## CONDITIONS OF ENROLMENT & PARENT RESPONSIBILITIES

For the education and care of \_\_\_\_\_

Please read this document carefully. It concerns the education and care of your child and must be signed as a condition of enrolment. If you have individual requirements and/or concerns, please discuss these with the Administrator so that we can meet your needs and those of your child effectively.

In signing this enrolment form:

1. I confirm and acknowledge that my child is not enrolled at any other early childhood centre on the same days and hours as he or she is enrolled in Tipu Montessori.
- 2(a). I acknowledge that I must pay fees for a public or statutory holiday, and I must pay fees if my child is sick or can't attend school for any other reason. Attendance during the annual Christmas Holiday period of three weeks is optional. If my child is absent for more than the three optional weeks, I will be charged full fees (daily fee rate, all MOE/WINZ funding & any other child care subsidies if applicable) for any holidays taken outside of this optional holiday period. This applies to any absences directly before or after the optional three-week Christmas Holiday Period.
- 2(b). I acknowledge that any unpaid fees, beyond the specified time, as stated in clause 2(a) may result in my child's enrolment being cancelled and the debt passed on to a Debt Collection Agency. I also acknowledge that any costs incurred in the recovery of the unpaid fees shall be added to the amount outstanding. All unpaid accounts will incur late payment fees and collection costs.  
I agree to information being given to a credit bureau or credit recovery agency for the purpose of collection of unpaid fees.
- 2(c). I agree to pay any late pick-up fees that I may incur. Late pick-up fees are charged at the flat rate of \$10/- per hour or part there-of and applies from your child's booked collection time to actual pick up time.
3. I acknowledge that Tipu Montessori only accepts cash, automatic payment or payment via internet banking as methods of payment for accounts. I understand that Tipu Montessori does not accept cheques, credit cards or Eftpos for payment of accounts.
4. I agree to Mars Master Minds Limited, trading as Tipu Montessori, checking my credit history before my child's enrolment is accepted.
5. I agree that my child must be enrolled to attend a minimum of 3 days per week.
6. I will notify Tipu Montessori two weeks in advance in writing of my intention to withdraw my child from school. I understand that for notice given under this condition I am liable for all fees up to the date of termination of my child's enrolment.
7. If my child is away for more that three consecutive weeks I understand that the Ministry of Education (MOE) and/or Work and Income New Zealand (WINZ), Early Learning Programme (ELP) will not pay the school any funding during his/her absence. I agree that in this instance I will be responsible

to pay the full fees applicable to my child for the entire time my child is absent. Full fees include the daily fee rate, and any funding or subsidies that the MOE, WINZ, ELP would usually pay.

8. I give permission for routine vision and hearing tests to be performed on my child by the Health Department's medical staff.
9. I acknowledge that my understanding of the Montessori Method of teaching is important if my child is to gain full benefit from his or her schooling. I realize this is also reinforced when supported in the home environment. Therefore, I will endeavor to attend Parent/Teacher interviews. Parent Education Evenings and borrow magazines, books or videos from the Parent Library to the best of my efforts.
10. I agree that any books I borrow from the Parent Library will be returned within two weeks.  
I agree that any DVD's I borrow from the Parent Library will be returned within three days.  
I agree to pay the full replacement cost of any books, magazines or DVD's that may become damaged or lost while in my care.
11. I understand that any damage caused by my child to the school premises, property or materials other than reasonable wear and tear shall be replaced or repaired by Tipu Montessori and the cost will be chargeable to me.
12. I authorise Tipu Montessori to administer medication provided by me for my child. In the event of illness or accident, I authorise Tipu Montessori to seek medical advice, as the school deems necessary for the best interests of my child.
13. I agree that I will not bring my child to Tipu Montessori when he or she is ill or suffering from any condition that is contagious to others. I will notify the school if my child is not attending and inform the nature of the illness immediately.
14. I agree for my child's allergies to be placed on a list of children who have allergies, which is displayed at all times in the kitchen for easy access in case of an emergency.
15. I have made myself aware of and consent to the policies of Tipu Montessori as outlined in the Parent's Handbook. I am aware that I can access all Tipu Montessori policies in full on request.
16. I give permission for my child to be photographed or videoed for the purposes of classroom assessment; special occasions; school photos and use in the Tipu Montessori newsletters.
17. I agree to student teachers observing the sessions for study purposes in accordance with the Privacy Act 1993.
18. I give permission for Tipu Montessori staff to take my child on short walks in the neighbourhood. These walks will be in small groups and well supervised as set out in our excursions policy. Any trips by vehicle will require separate written approval.
19. I will inform Tipu Montessori of any changes that need to be made to this enrolment form.
20. I agree to pay a fee of \$50 for a portfolio that will be made throughout my child's time at Tipu Montessori. I understand that this fee covers the cost of the ring binder and clear pockets in the production of my child's portfolio. I understand that the paper and printing of learning stories remains the property of Tipu Montessori and will only be gifted to my child when he/she permanently leaves the school and all fees are paid in full.
21. I agree to pay an annual subscription (from the month my child is enrolled) to join the Montessori Association of New Zealand (MANZ) in support of the national organization. I understand this entitles me to informative newsletters throughout the year as well as discounts towards conferences and workshops.
22. I acknowledge that Tipu Montessori reserves the right to review tuition fees at any time. Any increase in tuition fees will be notified in writing by giving 30 days advance notice of such.

**PARENT DECLARATION**

I confirm by signing below that the information in this form is true and correct to the best of my knowledge and that I have read the conditions under the Privacy Act 1993 and other information in this form.

Signature of Parent/Guardian \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**SERVICE DECLARATION**

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

Signature of Centre Manager/Administrator \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_