



## SELWYN HOUSE SCHOOL

INDEPENDENT GIRLS' DAY SCHOOL YEARS 1-8

BOARDING YEARS 5-8

CO-EDUCATIONAL PRESCHOOL

### PRESCHOOL APPLICATION FOR ENROLMENT

#### Child's Details:

Child's official surname: \_\_\_\_\_ Child's official given name: \_\_\_\_\_

Date of Birth:     /     /     Child's official other names / middle names: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Ethnic Origin/s: \_\_\_\_\_

Are you a descendant of a NZ Maori?  Yes  No Iwi your child belongs to: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

Previous Preschools: \_\_\_\_\_

#### Parent's Details:

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Phone (Evening): \_\_\_\_\_

Phone (Evening): \_\_\_\_\_

Cellphone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### Emergency Contact Person:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child (e.g. Grandparent, Agent) \_\_\_\_\_

#### Custodial Statement:

Are there any custodial arrangements concerning your child?

If YES, please give details of any arrangements or court orders (a copy of the court order is required).

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

#### Person(s) who CANNOT pick up your child:

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

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

## Additional Emergency Contact (also able to collect your child):

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child (e.g. Grandparent): \_\_\_\_\_

## Child's Doctor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medical Centre: \_\_\_\_\_

Medical history, illnesses or allergies: \_\_\_\_\_

\_\_\_\_\_

Is your child up-to-date with all immunisations (please provide verification / certificates): YES  NO

For Staff: Immunisations record sighted and recorded: YES  NO

## 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

Names of specific category (i) medicines that can be used on my child, **provided by service:**

\* sunscreen \_\_\_\_\_ \*

\* \_\_\_\_\_ \*

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

## Enrolment Details:

Date of Enrolment: / / Date of Entry: / / Date of Exit: / /

**Please note:** 20 Hours ECE is up to **6 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	Mon	Tue	Wed	Thu	Fri	
Times enrolled						Total Hours:

For 20 Hours ECE fill out boxes below with the hours attested eg: 6 hours.

	Mon	Tue	Wed	Thu	Fri	
20 Hours ECE at this service						Total Hours:
20 Hours ECE at another service						Total Hours:

This enrolment agreement is **inclusive** of school term breaks.

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

## 20 Hours ECE Attestation:

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 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 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 us 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 document.

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

## Required Information for Licensing Purposes:

### Excursions to School Grounds:

I understand that as part of the programme at Selwyn House Preschool, children and teachers will undertake regular outings to Selwyn House School to use the facilities of the school, and that during these outings Ministry of Education ratios will be maintained, both for those children leaving the Preschool and those remaining, and authorise my child's participation in these outings.

YES  NO

I agree that my child may:

- Be photographed for the purpose of assessment planning and evaluation and these photographs will be used in my child's profile book and within the Preschool environment. YES  NO
- Be selected to have his/her work and/or photograph published on the Preschool website. YES  NO
- Be included in photographs or video selected by us for use in publicity and promotional material. YES  NO
- Be selected by the media as part of items shown either in print/radio or electronic mediums. YES  NO

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

## 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 any personal information held 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 and acceptable identity verification documents at:*

*[www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents) or [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz)*

## Dual Enrolment Declaration:

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Selwyn House Preschool.

Parent/Guardian signature: \_\_\_\_\_ Date:     /     /

## Name of Person Responsible For Payment of Fees: (if other than parent/guardian)

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

Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ Cellphone: \_\_\_\_\_

*Selwyn House Preschool has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.*

## Optional Charges:

1. The optional charge is included for:

- . Higher staff/child ratio.. More than 80% qualified teachers.
- . Specialist teachers.
- . Use of Selwyn House School facilities including library, media and sports resources.

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

3. The agreement to pay for the optional charge will last for 12 months from date of entry.

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

*Agreement can only be revoked after 12 months from date of entry by written notice to service provider, signed by the parent/guardian.*

5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I agree, YES  or do not agree NO  to pay the optional charge for the activities/items specified in this enrolment form.

Parent/Guardian signature: \_\_\_\_\_ Date:     /     /

## Conditions of Enrolment:

I/We, the undersigned,

1. Acknowledge as having read the school's Business Practices and Fees and agree to abide by the rules as set out.
2. Agree to the school making such enquiries in relation to my/our credit worthiness. Also the authorisation of third parties releasing. Also the authorisation of third parties releasing such information to the school.
3. Agree to give a term's notice in writing to the Head of the preschool prior to the withdrawal of a child. A full term's fees in lieu will be charged if a full term's notice in writing is not received.
4. Acknowledge that we are jointly and severally liable for the payment of preschool accounts. In the event of our failure to pay Preschool accounts within the time-frame specified, the school reserves the right to charge administrative and legal costs of recovery of outstanding amounts.
5. Acknowledge that a \$110 enrolment fee inclusive of GST, is payable upon acceptance of this application.

**Parent Declaration:**

I/We declare that all the above information is true and correct to the best of our knowledge.

Signatures of both parents or guardians required.

Parent/Guardian signature: \_\_\_\_\_

Date: / /

Parent/Guardian signature: \_\_\_\_\_

Date: / /

**Service Declaration:**

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

Signature of Head of Preschool: \_\_\_\_\_

Date: / /

**Child’s Personal Statement:**

Please tell us about your child’s strengths, interests and preferences. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why does Selwyn House Preschool appeal to your Family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Checklist:**

Please ensure that you have included the following with this completed application form

- Copy of Full Birth Certificate.
- Copy of Immunisation Certificate.
- Evidence of NZ Citizenship or Residency (if your child is not born in NZ) eg. NZ Passport, Registration of Citizenship

## Change of Days/Times of Enrolment:

Date of Enrolment change: \_\_\_\_\_

Days enrolled	Mon	Tue	Wed	Thu	Fri	
Times enrolled						Total Hours

For 20 Hours ECE fill out boxes below with the hours attested eg: 6 hours

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

This enrolment agreement is inclusive of school term breaks

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_