



PRE-SCHOOL APPLICATION FOR ENROLMENT

PART ONE: APPLICATION

CHILD'S DETAILS (Name must be as it appears on the student's passport OR birth certificate)

Family name or official surname:

Official given name:

Preferred name:

Official other names/middle names (please separate names with a comma):

Date of birth:

Gender:

Country of birth:

Country of citizenship:

Ethnic group:

Languages spoken at home:

Is the student a descendant of a New Zealand Maori? No Yes Iwi:

PARENT/LEGAL GUARDIAN 1

Title: Mrs Miss Ms Mr Dr

Family name:

First name:

Address:

City:

Postcode:

Home phone:

Mobile:

Work phone:

Relationship to student:

Email:

Languages spoken:

Profession/Occupation:

PARENT/LEGAL GUARDIAN 2

Title: Mrs Miss Ms Mr Dr

Family name:

First name:

Address:

City:

Postcode:

Home phone:

Mobile:

Work phone:

Relationship to student:

Email:

Languages spoken:

Profession/Occupation:

STATEMENT (Parents/Legal Guardians to complete)

Please tell us about your child's strengths, interests and preferences:

Why does Selwyn House Pre-school appeal to your family?



CUSTODIAL STATEMENT (If applicable)

Are there any custodial arrangements concerning the child?

Please give details of any arrangements or court orders (a copy of the court order is required to enable the school to enforce these arrangements).

Under the custodial arrangements who CAN NOT pick up the student:

Name:

Name:

ADDITIONAL/EMERGENCY CONTACT (Also able to collect the child)

Contact's name:

Relationship to child:

Address:

City:

Postcode:

Email:

Home phone:

Mobile:

Work phone:

Please provide a copy of their photo.

Please note that nominated parent/caregivers will be contacted in the first instance in case of an emergency. In the event that Selwyn House Pre-School is unable to reach the parent/caregivers, the nominated emergency contact above may be contacted.

I agree.

MEDICAL INFORMATION

Name of doctor:

Phone number of doctor:

Clinic name and address:

Does the child have existing illness or medical conditions including mental illness? Yes No

If 'Yes', please provide details:

Is the child currently on any medication? Yes No

If 'Yes', please provide details and dosage:

Does the child have any history of previous illness including mental illness? Yes No

If 'Yes', please provide details:

Please tick the appropriate box if the child suffers from, or has suffered from, any of the following medical conditions:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Mumps | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> HIV or Aids | <input type="checkbox"/> Glandular fever | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Hepatitis A, B, or C | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Dizzy Spells |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> German measles | <input type="checkbox"/> Migraines | <input type="checkbox"/> Travel Sickness |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Allergy to insect/bee/wasp stings | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Hayfever |
| <input type="checkbox"/> Back/neck problems | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Eating disorder | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergy to prescription medicine | <input type="checkbox"/> Chicken pox | |

MEDICAL INFORMATION (Continued)

Is the child up to date with immunisations? Yes No

OFFICE USE ONLY:

Immunisation record sighted and recorded Yes No

Has the child had any of the following immunisations:

- MMR (Measles, Mumps, Rubella) Hepatitis B DTP (Diphtheria, Tetanus, Whooping Cough)
 Meningococcal B HIP (flu vaccination) Polio

Please indicate any pain relief/medication the student may be given by Selwyn House Pre-school staff: Paracetamol Pamol None

I agree that Category (i) Medicines can be administered.

A Category (i) Medicine is a non prescription preparation such as antiseptic liquid, saline solution, or sunscreen.

I agree that if prescribed medication – Category (ii) Medicines – need to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medicine is clearly labelled with the child's name, securely fastened and handed to the designated adult with instructions on its administration and complete the necessary form online.

I will inform Selwyn House School staff of any changes in medical or other circumstances as soon as possible.

I agree to the student receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Any medical costs, not covered by ACC or a community service card, will be paid by me.

To the best of your knowledge, has the student been in contact with any contagious, or infectious diseases, in the last four weeks?

No Yes, please detail:

Is there any information the staff should know to ensure the physical and emotional safety of the student?

e.g. cultural practices; disability; anxiety about heights, darkness, small spaces and behavioural or emotional problems.

No Yes, please detail:

Does the student have any food allergies or special dietary requirements? Yes No

If 'Yes', please provide details:

Does the student require an EpiPen? Yes No

If 'Yes' please provide details for the reason for administering:

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	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Times enrolled						

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
ECE hours at Selwyn House Pre-school						
ECE hours at another service						

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

20 Hours ECE Attestation:

Is the child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this service? Yes No

Is the 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:

- The child does not receive more than 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in this 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 the child is enrolled at, about the information contained in this document.

Parent/Legal Guardian Name:

Signature:

Date:



EXCURSIONS TO SCHOOL GROUNDS

I understand that as part of the programme at Selwyn House Pre-school, children and teachers will undertake regular outings to Selwyn House School to use the facilities of the school. During these outings Ministry of Education ratios will be maintained, both for those children leaving the pre-school and those remaining. I authorise the child's participation in these outings. Yes No

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 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 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 online at www.minedu.govt.nz/parents or www.lead.eve.govt.nz

DUAL ENROLMENT DECLARATION

I/We hereby declare that the child is not enrolled at another early childhood institution at the same time that they are enrolled at Selwyn House Pre-school

Parent/Legal Guardian Name:

Signature:

Date:

FEE PAYER INFORMATION (If other than parent or legal guardian)

Title: Mrs Miss Ms Mr Dr

Family name:

First name:

Address:

City:

Postcode:

Home phone:

Mobile:

Relationship to student:

Email:

We acknowledge that we are jointly and severally liable for the payment of school accounts.
Please advise us of any change of address or contact details.

EXPECTED ESSENTIAL AGREEMENT OF CONDUCT For parents, caregivers, legal guardians and friends of the pre-school

The essential agreement is based on the school PYP values of respect, tolerance, integrity, empathy, commitment, cooperation and caring. It ensures that everyone within the school community is respected, safe and treated with dignity. The Expected Essential Agreement of Conduct asks that all parents, caregivers, legal guardians and friends of the school:

- Treat all people with respect
- Work together in partnership with staff for the benefit of their child/children
- Respect and demonstrate Selwyn House Pre-school values
- Set a good example to students and staff at all times
- Follow the appropriate and proper procedure to handle any complaints.

This essential agreement applies to speech, action or delivery through emails, texts, phone calls, social media or other communication and encompasses both the school and wider community environment.

I/We understand the above and agree to the Expected Essential Agreement of Conduct.

DOCUMENTATION TO SUBMIT WITH THIS APPLICATION

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

Copy of the child's full Birth Certificate or Passport

Copy of Immunisation Certificate

Enrolment Fee (\$100 non-refundable, GST inclusive)

Selwyn House Pre-school 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.

PART TWO: TERMS & CONDITIONS

The terms and conditions appended to this application, form and govern the student’s tuition at the school. By signing below, the school and the parent or legal guardians agree to those terms and conditions. Please ensure the terms and conditions are read carefully.

1. For the purposes of this Agreement the following terms shall have the following meanings:
Agreement means this Agreement including any schedules.
Application Form means the standard enrolment form which forms the cover page of the Agreement.
Fee means fees payable by the Parents or Legal Guardians to the School as per the Fee Schedule.
Fee Schedule means the schedule of fees for Tuition, Accommodation and miscellaneous charges.
Parents or Legal Guardians means the parents or legal guardians referred to in the annexed Application Form.
School means the pre-school referred to in the annexed Application Form.
Student means the student referred to in the annexed Application Form.
Tuition means the education of the Student at the School.
2. The Pre-school shall provide Tuition to the Student in accordance with pre-school policies, the Act and any other applicable laws, in return for the payment of the Fee.
3. The parents of legal guardian acknowledge that they have read the school’s current Business Practices and agree to abide the rules as set out therein.
4. The Parents or Legal Guardians acknowledge that they are ultimately jointly and severally liable for the payment of school accounts even in the event the “Fee Payer” as described in this application is different to themselves. In the event of failure to pay school accounts within the time specified, the school reserves the right to charge administrative and legal costs of recovery of outstanding amounts.
5. The Parents or Legal Guardians agree to the school making such enquiries in relation to his/her/their creditworthiness as the school considers fit; including obtaining from any third parties information about his/her/their credit worthiness.
6. The Parents or Legal Guardians agree to give ten weeks notice in writing to the Principal prior to withdrawal of a student. A full ten weeks fees in lieu of notice will be charged if a full ten weeks notice is writing is not received.
7. The School shall at all times comply with the Health and Safety at Work Act 2015
8. Photographs and videos of the Student, the Student’s work and Student’s name may be used for the Student’s records and in any publicity, marketing and/or promotional advertisement for the Pre-school. The safety of the student will be considered at all times.
 Tick here if you wish for the Student to be excluded from promotional photographs and video.

PARENTS/LEGAL GUARDIANS’ DECLARATION AND AUTHORISATION

We declare that the information contained in this application is true and complete. We understand that any false or incomplete information submitted in support of this application may invalidate this application and may result in the withdrawal of an offer of enrolment. We agree that we have received sufficient information to make an informed decision about enrolment at the Pre-school.

Parents/Legal Guardians

We declare that the information contained in this application is true and complete to the best of our knowledge.

By signing below, the Parents or Legal Guardians (as applicable) confirm that they have read the Agreement and agree to be bound by it in all respects:

Parent/Legal Guardian 1

Name: _____

Signature: _____

Date: _____

Relationship to child: _____

Parent/Legal Guardian 2

Name: _____

Signature: _____

Date: _____

Relationship to child: _____

OFFICE USE ONLY – SERVICE DECLARATION

On behalf of Selwyn House Pre-school, I declare that this form has been reviewed and all relevant sections have been checked and completed.

Head of Pre-school, Name:

Signature:

Date:

