



**CAMBRIDGE MONTESSORI PRESCHOOL
ENROLMENT FORM**

START DATE	
EXIT DATE	

(Office Use Only)

22a Taylor Street, Cambridge

admin@cmps.co.nz

Phone: 07 8235949 (Taylor & Magnolia)

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:		
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____		Staff initials: _____
Child's date of birth: dd / mm / yyyy		Male <input type="checkbox"/> Female <input type="checkbox"/>
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.		
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.education.govt.nz		
The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.		

Parents / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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 <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

Additional Emergency Contacts (also able to pick up child):

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Child's doctor:

Name:	Phone:
Name of medical centre:	

Health

Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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.	
Note: The service must provide specific information about the category (i) preparations that will be used.	
Do you approve category (i) medicines to be used on your child? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
<ul style="list-style-type: none"> ▪ Arnica cream 	<ul style="list-style-type: none"> ▪ Stingose cream
<ul style="list-style-type: none"> ▪ Bapanthen cream ▪ Anthisan cream 	<ul style="list-style-type: none"> ▪ New Zealand Cancer Society sunscreen lotion SPF 50 ▪ Dettol liquid solution
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

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: ____ / ____ / ____

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: <i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: ____ / ____ / ____

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 <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	Tick One	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:		
<ul style="list-style-type: none"> ▪ 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: ___/___/___

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 Cambridge Montessori Preschool.

Parent/Guardian Signature: _____

Date: ____/____/____

Anti – Choking guidelines in Early Childhood Centres

I confirm that I have received a copy of the *Reduced food- related choking for babies and young children at early learning services* document provided by the Ministry of Health and have read and understood it.

Parent/Guardian Signature: _____

Date: ____/____/____

Application Fee

Payment of a \$60 non-refundable application fee for Cambridge Montessori families.

These payments will confirm a place for your child at our Pre-School subject to availability. Your name will be kept on our database.

See 'Fees information' pamphlet for further details

Parent/Guardian Signature: _____

Date: ____/____/____

(Office use only)

Payment Received : ____/____/____

Staff initials: _____

Statutory Holidays / Term Breaks

Cambridge Montessori Pre School **will not** open on any of the following public holidays:

- New Year's Day
- Day after New Year's Day
- Auckland Anniversary
- Waitangi Day
- Good Friday
- Easter Monday
- ANZAC Day
- Queen's Birthday
- Labour Day
- Christmas Day
- Boxing Day
- Local Anniversary Day

Short Excursion Procedure

Parents/Guardians have the choice as to whether or not their child can be taken on short walk/visits in the local area. The correct ratios of 1:4 (one adult to four children) over 2 years of age, will be maintained at all times.

I **DO** give permission for my child to go on short walks/visits in the local area.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

I **DO NOT** give permission for my child to go on shorts walks/visits in the local area.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Photograph / Video Permission

Photographs and videos are used for the purposes of planning, assessment and evaluation. Children, teachers and student teachers can utilise this media to further their exploration, learning and creativity. Some of these photographs may be used on our website or any other media associated with Cambridge Montessori Pre School e.g. newsletters.

I **DO** give permission for my child's photograph/video to be used for the purposes described above.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

I **DO NOT** give permission for my child's photograph/video to be used for the purposes described above.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Your Child/Children's Strengths, Interests & Preferences

▪ **Strengths:**

▪ **Interests:**

▪ **Preferences:**

Other information

- **Policy Statement:** Cambridge Montessori 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.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.

Parent Declaration

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

Parent/Guardian Signature: _____ Date: ___/___/___

Service Declaration

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

Service Provider Signature: _____ Date: ___/___/___

Change of Days/Times of Enrolment:						
Effective Date of Change: ___/___/___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___/___/___						

Change of Days/Times of Enrolment:						
Effective Date of Change: ___/___/___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___/___/___						

Change of Days/Times of Enrolment:						
Effective Date of Change: ___/___/___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: ___/___/___

Change of Days/Times of Enrolment:

Effective Date of Change: ___/___/___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

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

Parent/Guardian Signature: _____

Date: ___/___/___

Change of Days/Times of Enrolment:

Effective Date of Change: ___/___/___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

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

Parent/Guardian Signature: _____

Date: ___/___/___