

Fingerprints Christian Preschool◆ **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:

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: _____

Child's Identification:

Official Identification document/s sighted by staff:

☐ New Zealand birth certificate☐ Foreign birth certificate☐ New Zealand passport☐ Foreign passport☐ Other _____ **Staff initials:** _____

◆ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see [Principle 3 - Collection of information from subject](#)).

Additionally, all Privacy statements must include the exact wording below:

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.

*A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at

[National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

◆ 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? Yes No <i>please circle one</i>	
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: YES NO <i>please circle one</i>	
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	
<p>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.</p> <p>Note: The service must provide specific information about the category (i) preparations that will be used.</p>	
Do you approve category (i) medicines to be used on your child? Tick One Yes <input style="width: 30px; height: 20px;" type="checkbox"/> No <input style="width: 30px; height: 20px;" 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"> ▪ Sunscreen 	<ul style="list-style-type: none"> ▪ Saline solution
<ul style="list-style-type: none"> ▪ Arnica cream 	<ul style="list-style-type: none"> ▪ Insect bite treatment
<ul style="list-style-type: none"> ▪ Alcohol Wipes 	
<div style="display: flex; justify-content: space-between;"> Parent/Guardian Signature: _____ Date: ____ / ____ / ____ </div>	

Category (ii) Medicines	
<p>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.</p>	
<p>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.</p>	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Category (iii) Medicines	
<p>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.</p>	
For staff: Individual health plan sighted, and a copy taken: <div style="float: right; text-align: right;"> Yes <input style="width: 30px; height: 40px;" type="checkbox"/> No <input style="width: 30px; height: 40px;" type="checkbox"/> </div>	
<i>Tick One:</i>	
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: ____ / ____ / ____

◆ Statutory Holidays/Term Breaks

This enrolment agreement is inclusive of mid-year school term breaks. Fingerprints Christian Preschool is closed for approximately three weeks over the Christmas term break. No fees are payable over this three-week break.

Parents will be notified of the exact dates no later than July of each year. Fingerprints Christian Preschool is closed for all New Zealand statutory holidays during the school year. If your child is enrolled to attend for a Statutory Holiday, full fees will be payable.

◆ Conditions of Enrolment

I acknowledge that acceptance of enrolment of my child at this service is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. Management reserves the right to terminate enrolment or vary the conditions, or times of enrolment.

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

No

2. Is your child receiving 20 Hours ECE at any other services?

Yes

Tick One

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: ____ / ____ / ____

◆ Dual Enrolment Declaration - circle one

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 **FINGERPRINTS CHRISTIAN PRESCHOOL**.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Fees

- . In signing this enrolment form, I agree to pay the fees on the basis of the fee schedule that is current at the time. I will pay in advance, in accordance with the Fees Policy of the Centre
(found on website www.fingerprints.school.nz)
- . I acknowledge and agree that Fingerprints reserves the right to change fees, and I understand at least two weeks' notice of any increase in fees will be given.
- . I acknowledge and agree to pay the appropriate fee for an enrolled day, even if unable to attend.
- . I accept the "late pickup fee" for each 5 minutes (or part thereof) late after my child's session closing time.
- . I understand there is a charge for any and all absences, and for statutory holidays during the year (except for the statutory holidays falling within the three-week Christmas break for which no fees are payable).
- . I agree to pay additional charges, outlined in the Fees Policy should my child be absent for prolonged periods of more than 3 weeks.
- . I agree to pay additional charges outlined in the Fees Policy should my child establish a pattern of frequent absence over three months and as a result the MOE payment for my child is reduced.
- . I agree to pay fees by automatic payment on a regular basis.
- . I understand and accept that irrespective of any arrangement with any third party (e.g. other adult, Work and Income Support Services, Accident Insurance, Trusts or Budget Services, etc.) to pay the fees, that the full responsibility to pay remains with me.
- . I understand and accept that if any fee or charge remains unpaid, my child's enrolment may be forfeited, and the debt passed on to a Debt Collection Agency, and I will be responsible for any costs incurred in this process.
- . I understand and accept that my child may be excluded from attending if I fail to pay fees in accordance with the Centre Policy and will continue to be excluded until such a time as fees are brought up to date. Full charges for days excluded will be charged and I agree to pay these.

Fee Schedule - Children 3-6 yrs:

Days 1-3 \$10 per hour above the 6 hours per day, 20 hour per week, ECE Funding

Days 4-5 \$8 per hour above the 6 hours per day, 20 hour per week ECE Funding

- Morning session - 8am-12.30 (4.5 hrs)
- Morning session - 8.30am-12.30pm (4 hours)
- Morning session - 9.00am-12.30pm (3.5 hours)
- Afternoon sessions - 12.30-3.30pm (3 hours)
- All day sessions - 8am-3pm (or 3.30pm)
8.30am-3pm (or 3.30pm)
9am-3pm (or 3.30pm)

Children 2 yrs:

- **\$5.00 per hour** for the first 30 hrs (**\$10.00 per hour** in excess of the 30 hours per week)

Parent/Guardian Signature: _____

Date: ____/____/____

◆ **Authorisations – Each to be circled and initialled separately to indicate agreement.**

- I understand I will be required to give written consent for any planned excursion YES NO
- I give permission for my child to be taken by staff on regular walks within 500m of the centre (under conditions stated in the Excursions Policy, Ratio 1:6 / 2:20) Destinations: Hillview School, New World St Martins and gated area at side of Preschool YES NO
- I give permission for my child to be videoed or photographed while in the centre or on an excursion for the purposes of planning, evaluation and assessment by the teaching staff or student teachers (for use in their assignments) YES NO
- I give permission for photos or videos of my child, taken in the centre or whilst on an excursion, to be included on a private Facebook Whānau group, and I have been informed of the ICT policy YES NO
- I agree with the terms outlined in the ICT/CYBER SAFETY-RULES AND RESPONSIBILITIES leaflet found on our website www.fingerprints.school.nz YES NO
- I give permission for my child to be a part of Vision and Hearing tests conducted by a CDHB vision and hearing technician once they turn 4 (parents will be notified when this occurs) YES NO
- I authorise and accept responsibility for Fingerprints Christian Preschool to seek medical or other advice as the centre deems necessary for my child's best interest, including obtaining treatment for my child in any emergency situation YES NO
- As per **Food/Reduce Choking/Nutrition** Policy, I acknowledge that I am responsible for deciding what my child is capable of eating from their own lunch box, Therefore, all food must be prepared, ready to eat. The centre will not cut or prepare fruit etc. YES NO
- I give permission for my child to be offered Rice crackers (plain, soft), and/or Wine Biscuits should my child need more food during their booked hours. YES NO
- I give permission for my child to have a mini ice block if available on hot days. YES NO
- I acknowledge that on occasion, when party food is brought in by Whānau for birthday celebrations, I will be notified (type of food and ingredients) and asked for permission for my child to be offered the contributed food YES NO
- I have carefully read and confirm my acceptance of the conditions in the Parent Handbook, which I have received YES NO

◆ Policy Statement/Parent Information Booklet

- **Policy statement:** Fingerprints Christian Preschool has a number of policies setting the procedures that are in place for the care and education of children who attend. We strongly urge you to read these (found on our website).
- The signing of this enrolment form indicates you will abide by these policies, and you understand how you can have input into policy reviews.
- **Parent Information Booklet:** Please ensure you have read the information in the Parent Info Booklet, 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 **FINGERPRINTS CHRISTIAN PRESCHOOL**, I declare that this form has been checked, and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____