

Cornerstone Christian Preschool Enrolment Agreement

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:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Child's date of birth: d d / m m / y y y y

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

Does your child speak English? Yes / No (Please circle)

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 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.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at
www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at 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: ____ / ____ / ____

Parents / Guardians:	
First Names (mother):	First Names (father):
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Special Character:
Committed Christian(s)? Yes / No (Please circle)
Church attended: _____
Have you read the Statement of Faith? Yes / No (Please circle)
Are you in agreement with the Statement of Faith? Yes / No (Please circle)
Please note: A "Confirmation of Regular Worship at a Christian Church" form must have been received by the Preschool in order to gain higher priority of enrolment.
Parent Declaration:
In enrolling my child at Cornerstone Christian Preschool, I understand and accept the Statement of Faith held by the Preschool, and agree to support and uphold the Special Character in accordance with the Centre's policies and procedures.
Yes / No
Parent/Guardian Signature: _____

Emergency Contacts:	
Please note: The people listed must live locally, and be authorised and available to pick up the child in the event of illness or emergency	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

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 cannot pick up your child:**

Name:

Name:

Name:

Name:

Person/s who can pick up your child:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Doctor:

Name:

Phone:

Address:

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 verifications of all immunisations)	If No, will you be immunising your child in the future?		
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	Yes	No

Individual needs:	
Disabilities / health problems (Information may be made available to Public Health when required)	
Does your child have any distinctive birthmarks/markings, eg Mongolian Blue Spot?	<i>Tick One:</i> Yes No
Child's individual needs (eg aggressive, biting etc):	
Please note, unless there is a diagnosed special need/developmental delay/health problem, it is expected that children have independent toileting skills before beginning preschool. This is to ensure the health and safety of all children, as the preschool is not staffed for teachers to be off the floor for changing nappies.	

Medicine	
Category (i) Medicines: We do not use Category (i) medicines. Only soap and water and saline is used along with cold water and icepacks, for minor incidents.	
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.	
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (state time or specific symptoms)	
Individual health plan required?:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
For staff: Individual health plan sighted on file:	<i>Tick One:</i> Yes No
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

Optional Charges: we do not request optional charges.

Donations

Many families like to make voluntary donations to help the Preschool. If you would like to make a donation, a suggested amount is \$2.10 per session. A portion of this voluntary donation may be claimed back as a rebate at the end of the tax year. Tax receipts will be issued for this purpose.

Statutory Holidays / Term Breaks

The Preschool is closed during school term breaks.

The Preschool is also closed for all statutory holidays and also for teacher only days (usually 2 per year).

Other information

▪ **Priority Factors:**

Have you forwarded the "Confirmation of Regular Worship at a Christian Church" to the office?

Yes / No
(Please circle)

Does this child have siblings who are attending, or who have previously attended Cornerstone Christian Preschool or Cornerstone Christian School?

Yes / No

Is this child from a Christian family **on missionary furlough or transfer**?

Yes / No

Have you already enrolled this child at Cornerstone Christian School?

Yes / No

Are you intending to enrol your child at Cornerstone Christian School

Yes / No

- **Policy Statement:** Cornerstone Christian 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.

- **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.

- **Privacy Statement:** All personal information on your child's enrolment will be kept securely and remain confidential.

- **Information:** From time to time we may have need to gather information for the Ministry of Education, New Zealand Teachers Council and the Education Review Office. When possible this will be gathered in such a way that children are not identified.

- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences, using the Preschool's "ME" form.

Permissions:

- **Special Character:** In enrolling my child at Cornerstone Christian Preschool, I understand and accept the Special Character of the Preschool, and agree to support and uphold the Special Character in accordance with the Centre's policies and procedures. Yes / No
- **Regular Local Excursions:** I give permission for my child to take part in regular supervised excursions in the immediate vicinity and in the neighbourhood. Yes / No
- **Excursions:** I understand that I will need to give permission for my child to go on planned trips away from the Preschool. I understand that sufficient notice will be given and that all Ministry of Transport and Ministry of Education Regulations will be met. I understand that there will be a minimum ratio of not less than 1 adult to 4 children (excluding the driver) as per policy. Yes / No
- **Phone List:** I give permission for my name, address and/or phone number to be included on the Preschool phone list, which may be used by the teachers and Management Committee. I understand that my number will not be given to other families without my permission. Yes / No
- **Photos:** I give permission for my child to be videotaped or photographed during session times. These may be used for the purposes of assessment, planning and evaluation, also for promotional purposes, and may be used as part of the Preschool historical records. This permission covers the fact that my child may appear in another child's photo, or in group photos. I understand that any photos to be used in public, e.g. newspaper will require my permission before it can be used. Yes / No
- **Information:** I understand that at times the preschool may have need to gather information for management purposes for external agencies, e.g. MoE, NZTC, ERO etc. Yes / No
- **Health Checks:** There are at times opportunities for Before School Checks by Plunket Nurses to be done within the centre, purely as a service to families. I understand that the centre would prefer that parents are present for these, and that part of this process is that both parents and teachers will be asked to complete a questionnaire about your child. Parents may take their children into the Plunket Rooms for these checks. Yes / No

Enrolment Details:

Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** (for children aged 3 or older). We do not charge compulsory fees when a child is receiving 20 Hours ECE funding.

	Monday		Tuesday		Wednesday		Thursday		Friday	
Days and Sessions requested (please circle):	8:45-12:45	11:45-2:45	8:45-12:45	11:45-2:45	8:45-12:45	11:45-2:45	8:45-12:45	11:45-2:45	8:45-12:45	11:45-2:45

Please note: All **requested** sessions will be confirmed once approved: entry to sessions is not automatic upon application, and only becomes active when confirmed by the Preschool. All paperwork must be completed before admission.

- If the requested sessions are not available:**
- (Please tick) Please place me on a waiting list for these hours
- I would consider other sessions

Parent Declaration

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

Parent/Guardian Signature: _____ Date: ____ / ____ / ____