



COUNTRY KIDS PRE-SCHOOL

ENROLMENT PACK

Thank you for choosing 'Country Kids Pre-School' for the care of your child. We are very proud of our centre and the care and service we have to offer and hope your time with us is a rewarding experience for you all.

Please find attached:

- Enrolment Forms
- Fee Schedule
- Financial Conditions
- Medical Details
- Immunisation Declaration

If you have any questions please feel free to call us on:
(07) 577 1811 or 027 5179 147

We look forward to working with you.



138 Condor Drive
 Pyes Pa
 Tauranga
 3112
 Ph. (07) 5771811
 Mob. 027 5179 147
 countrykidsps@gmail.com

Enrolment Form

◆ 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:		
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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.</p> <p>You can find more information about national student numbers at: www.minedu.govt.nz/parents</p>		
<p>* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.</p> <p>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p>		

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:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:

Other Personal Details:

Child's position in family _____

Child's siblings & ages _____

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:

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):
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):
Relationship to child:	Relationship to child:

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	No
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(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded: <i>Tick One:</i>	Yes	No
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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 :	
▪	▪
▪	▪
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: ____ / ____ / ____

Permission for Child:

To be taken to medical centre/hospital in the event of an emergency for the safety and well-being of the child at the discretion of the staff and at the cost to parents

(every effort will be made to contact parents first) Yes / No

To participate in routine Vision & Hearing checks. Yes / No

To be given:

- Arnica (bumps and bruises) Yes / No
- Bonjela (teething) Yes / No
- Basic first aid (eg. Plasters, Ice packs) Yes / No
- Antihistamine (Bee Stings) Yes / No
- Nappy Cream (if applicable) Yes / No
- Sunscreen Yes / No
- Immunisation Records Attached Yes / No

Permission for Child:

To be taken to an alternative emergency location Yes / No

(eg. Civil Defence Centre, in the event of an emergency)

To be taken for walks in the vicinity of the pre-school (ratio 1:5 or less) Yes / No

(eg. Cheyne Rd reserve pond, Merriman reserve)

To be photographed / videoed for assessment purposes Yes / No

To be photographed / videoed for use on the Country Kids Pre-school Website Yes / No

To have data collected and kept on file for evaluation and assessment purposes Yes / No

To be photographed by student teachers on practicum for assignment purposes Yes / No

Additional Information

I understand that if my child has an accident while at the centre, it will be noted in the accident register and I will be advised either as soon as possible or when I come to collect my child. Yes / No

I understand that I will be required to give written permission for any excursion on which my child is required to travel by motor vehicle. Yes / No

Policy Statements

This centre 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 recommend that you read these.

Signing this admission form indicates that you accept and will abide by these policies

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

Financial Conditions

1. **Fees:** are to be paid for the 52 weeks that Country Kids is open each year regardless of statutory holidays, illness or family vacation times.
2. **Fee Payments:** are GST inclusive, and can be paid weekly or fortnightly in advance.
3. **Statements:** will be issued fortnightly; any balance remaining must be paid within 7 days.
4. **Method of Payment Options:**
 - Cash (to pre-school office)
 - Cheque (made out to 'Country Kids Pre-School')
 - Direct Debit
 - Internet Banking

5. Bank Details: 'Country Kids Pre-School' account No. - **02 0466 0303994 00**

Please ensure payments are recorded as follows:

Particulars	Code	Reference
Childs Name.....	Surname.....	Reference off Invoice.....

6. **Receipts:** are provided for parents at the end of the financial year or by request.
7. **Late Fee:** a charge will be incurred when parents are late to collect their child.
8. **Children:** will not be enrolled in any other early childhood centre on the same day they attend Country Kids Pre-school.
9. **Fee Changes:** will be entirely at the discretion of the management. At least 2 months' notice will be given when such an increase is to occur.
10. **WINZ:** Families who are anticipating WINZ (not 20 Hours ECE) childcare subsidies will be billed for the full amount. Payments from WINZ will offset the invoice amounts and parent payment is required for the balance.
11. **Absences:** Fees will still be charged to your account if your child is absent on their enrolled day, due to illness or holidays. With children on 20 Hours ECE, after 3 weeks of continuous absence our funding is stopped from the MOE, therefore there will be a charge to hold your space.
12. **Notice of Leaving:** A minimum of two weeks' notice is required in writing for cancellation or changes to enrolment. Any outstanding fees are to be paid before enrolment ceases.
13. **Enrolment Cancellation:** Enrolment may be terminated at management's discretion in the event of continuing fee arrears.

14. Late Payments: I Agree to late payment charges of penalty interest being applied to any overdue balances, in the event that the account is in arrears.

15. Debt Collection: In the event of non or late payment of fees, I acknowledge that my account may be referred to a Debt Collection Agency (normally subject to notice by the centre) I agree that all fees and debt collection costs will be met by me.

16. Account Responsibility: is the responsibility of the person signing this form and named below.

Date: **Childs Name:**

Signed:
(Father) (Mother) (Guardian)

Optional Information

How did you hear about us?

What made you choose Country Kids Pre-School?

FEE SCHEDULE

Under Three Years

<u>Half Day:</u> (8am – 12pm or 1-5pm)	\$ 30.00/day
<u>Full Days:</u>	
1-3 Days	\$ 50.00 / day
4 Days	\$180.00 / week
5 Days	\$210.00 / week

Over Three Years

- With 20 Hours ECE Attested to CKPS

(max 6 hrs/day & 20 hrs/week)

<u>Half Day:</u> (8am – 12pm or 1-5pm)	\$2.00 / day - Donation
<u>Full Days:</u> (min 6 hrs/day)	\$2.00 / day - Donation
Hours over ECE hours will be charged at	\$7.00 / hr

-Without 20 Hours ECE

<u>Half Day:</u> (8am – 12pm or 1-5pm)	\$ 30.00 / day
<u>Full Days:</u>	
1-3 Days	\$ 50.00 / day
4 Days	\$180.00 / week
5 Days	\$210.00 / week

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge
I agree to pay the Fees as outlined in the Fee Schedule

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

◆ Service Declaration

On behalf of Country Kids Pre- School, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____