

# Remuera Montessori Enrolment Agreement Form



Opening Hours: Monday to Friday 8:00am – 5:00pm

We are open 52 weeks of the year, including School Holidays but excluding Public Holidays.

## ◆ 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: 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:

Do you want to apply for a childcare subsidy? Yes / No

Where did you hear about us?

Yellow Pages

Google Search

Flyer

Website

Friends/Referral

Other: .....

## ◆ 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

Any changes to this form **must** be signed and dated by the parent/guardian.

- 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.

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

<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:
<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	

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<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:
<b>Additional Emergency Contacts (also able to pick up child):</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:

<b>Child's doctor:</b>	
Name:	Phone:

Name of medical centre:

**Health**

Please outline any illness, allergies or special medical conditions:

Does your child have any special care or dietary requirements?

Documentation to support request:

Is your child up-to-date with immunisations? *Tick One* Yes  No

(Please provide verification of all immunisations)

**For staff:** Immunisation records sighted, and details recorded: *Tick One* Yes  No

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<b>Medicine</b>	
<b>Category (i) Medicines:</b>	
A category (i) medicine is a non-prescription preparation (such as arnica cream), 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, <b>provided by service:</b>	
▪ Arnica Cream	
Parent/Guardian Signature: _____ Date: ____/____/____	

<b>Category (ii) Medicines:</b>	
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: ____/____/____

<b>Category (iii) Medicines:</b>	
This section is to be filled in only if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma, eczema or nappy rash etc and is for the use of that child only.	
<b>For staff:</b> 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: ____/____/____

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◆ Enrolment Details:						
Date of Enrolment: ___/___/___      Date of Entry: ___/___/___      Date of Exit: ___/___/___						
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> 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"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>	
Parent/Guardian Signature: _____ Date: ___/___/___	

◆ Dual Enrolment Declaration
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at Remuera Montessori.
Parent/Guardian Signature: _____ Date: ___/___/___

◆ Statutory Holidays / Term Breaks
This enrolment agreement is <b>inclusive</b> of school term breaks. Remuera Montessori is open every week of the year and is only closed on Statutory Holidays. Normal fees are charged for statutory holidays.

Any changes to this form **must** be signed and dated by the parent/guardian.

◆ **Authorisation Agreement:**

- **Policy Statement:** Remuera Montessori has a number of policies that set out the procedures that are in place for the care and education of the children who attend the centre. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by our policies and understand how you can have input to policy review.
- A one off, non-refundable registration fee of \$75.00 is payable on the submission of your enrolment form. It covers administrative costs including setting up portfolio, library bag and other stationery costs.
- **Medical authority:** I authorise a senior staff member, in the event of illness or accident, to seek medical, or other advice as deemed necessary, for my child's best interest.
- **Excursions:** My child has my permission to participate in local community walks with other children and appropriate staff ratios. A trip to the local library, the Bridge Club car park and activities organized in the Centre car park are considered regular trips for preschool children. Ratios maintained will be 1:3 for children under 3 and 1:4 for children over 3.

Parent/Guardian signature: ..... Date:.....

• **Fees:** I agree to pay childcare fees as per the Centre's attached Terms of Trade and understand that any costs incurred in the recovery of overdue fees will be payable by me. I agree to pay interest on my overdue fees if I fall behind more than 2 weeks. I understand that Management reserves the right to charge fees in the event of a mandatory closure. Fees are to be paid for days enrolled, even when children are sick, and any statutory holiday, when your child is enrolled for that day even if the centre is closed. A late fee will be charged for late pickups as stated on the Enrolment pack.

- **Holidays:** I am aware that fees are still payable when my child is absent. I am entitled up to 2 weeks holiday per year at 50% discount (with 2 week's written notice – after the completion of 6 months at the Centre). The centre will open throughout the X'mas and New Year's time. During those periods, we will only charge on an attendance basis.
- **Photos:** As part of the planning process and to document learning, we gather artwork and photos of all children. I agree that my child may have his/her photo taken as well as be included in
  - StoryPark Group Stories  Yes  No
  - StoryPark Community Posts  Yes  No

I give permission for the use of photos and names to be used on the Remuera Montessori Facebook page, Instagram, website and use for Remuera Montessori promotional material.

Yes  No

Parent/Guardian Declaration: ..... Date:.....

- **Sunscreen protection:** I agree that staff may apply sunscreen to my child as per sun protection Policy.
- **Reducing food related choking & Nuts free Environment :** I agree to take full responsibility for any food related choking at Remuera Montessori should I fail to strictly adhere to the guidelines provided by Ministry of Education which I received upon enrolment along with the information pack.

Parent/Guardian Declaration: ..... Date:.....

- **Authorisation:** I have read this agreement along with the Montessori information pack and Centre Policies and agree to accept the conditions stated therein.

Parent/Guardian Declaration: ..... Date:.....

◆ **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 Remuera Montessori, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# REMUERA MONTESSORI

*Our Passion. Their Future.*

## CODE OF CONDUCT

At Remuera Montessori Early Childhood Education, we strive to create a respectful, inclusive, and nurturing environment that upholds the principles and values of Montessori education and Te Whariki. This code of conduct outlines the expectations and guidelines for students and families in our community. By adhering to these principles, we foster a positive and harmonious learning environment for everyone involved. Hence, we request all parents and children to:

### **Respect and Kindness:**

- a. Treat others with kindness, empathy, courtesy and respect, including teachers, staff, fellow students, visitors and parents.
- b. Embrace and celebrate diversity, recognizing and valuing differences in culture, race, religion, and abilities.
- c. Use appropriate and respectful language when communicating with others.
- d. Have regard for others welfare.
- e. Respect and take responsibility for the centre's property and environment, while respecting the property of others.

### **Independence and Responsibility:**

- a. Encourage independence and self-directed learning in children in accordance with Montessori principles.
- b. Take responsibility for personal belongings, including Montessori materials, ensuring they are used with care and returned to their designated places.

### **Safety and Well-being:**

- a. The safety and well-being of Staff and Children at Remuera Montessori is our utmost priority. Violence, harassment, rudeness or aggressiveness towards any staff member or child will not be tolerated.
- b. Follow all health and safety guidelines provided by the centre, including ringing the bell at the centre prior to entry, keep entrance gates to the centre closed at all times, proper hand hygiene, safe movement within the centre, and respectful use of materials.
- c. Report any safety concerns promptly to a teacher or staff member.
- d. At peak pick-up and drop-off times, we appreciate your understanding of Parents and Primary School aged children not entering the centre. Our children are sensitive & eager for their own parents and siblings, and the presence of other families in the centre makes them feel apprehensive of their own families not been here for pick up.

### **Classroom Etiquette:**

- a. Observe the Montessori classroom norms and guidelines.
- b. Treat the Montessori materials and equipment with respect, using them purposefully and returning them to their designated places after use.
- c. Maintain a clean and organized environment, helping to keep the classroom tidy and free from clutter.

### **Communication and Collaboration:**

- a. Maintain open and respectful communication with teachers, staff, and other parents.
- b. Attend parent-teacher meetings, workshops, and events to actively participate in your child's education.
- c. Collaborate with teachers and staff to support your child's learning and development.

Any changes to this form **must** be signed and dated by the parent/guardian.



**Confidentiality:**

- a. Respect the privacy and confidentiality of other students, families, and staff members.
- b. Refrain from sharing personal or sensitive information without consent.
- c. Treat images and videos taken during centre functions with respect and confidentiality. Please note you are not allowed to use any images taken at the centre, which include other children, on any social media platform for privacy reasons. Please refrain from taking photos or Videos during your visits at the centre.

**Conflict Resolution:**

- a. Address conflicts or concerns in a peaceful and constructive manner.
- b. Engage in open dialogue, active listening, and problem-solving to resolve conflicts respectfully and collaboratively.

**Compliance with Policies and Regulations:**

- a. Familiarize yourself with and adhere to all policies, rules, and regulations established by Remuera Montessori and the governing bodies.
- b. Comply with applicable laws, including child protection, health and safety, and privacy regulations.

By adhering to this code of conduct, students and families at Remuera Montessori contribute to a positive and inclusive community that supports the holistic development of each child. We encourage open communication, collaboration, and mutual respect, fostering a joyful and enriching Montessori experience for all.

We appreciate your support and understanding.

**The Management & Staff of Remuera Montessori**

**ACKNOWLEDGEMENT OF CODE OF CONDUCT**

I have been made aware of the Remuera Montessori Code of Conduct, and my signature below acknowledges my understanding that this document governs the conduct of all persons on the property of Remuera Montessori at all times.

\_\_\_\_\_  
Childs's Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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