

Preschool Application for Enrolment

Details of Child:

Gender: Male Female

Age: _____ Date of Birth: ____/____/____

Last Name: _____

First Name: _____

Known As (preferred name): _____

Ethnicity: _____ Iwi: _____

Preferred start date: _____

Parents' Details:

Mother's Last Name: _____ Father's Last Name: _____

Mother's First Name: _____ Father's First Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Place of Work: _____ Place of Work: _____

Telephone Number: () _____ Telephone Number: () _____

Work Phone Number: () _____ Work Phone Number: () _____

Mobile Number: _____ Mobile Number: _____

Fax Number: _____ Fax Number: _____

Email Address: _____ Email Address: _____

In the event of an emergency, we will always attempt to contact the above Parent/Guardians first. However, if this is unsuccessful we need an alternative contact. This should be someone like an adult family member or a trusted family friend who is willing to act as an emergency contact for you.

Emergency Contact:

Last Name: _____ First Name: _____

Address: _____

Telephone Number: _____

Work Phone Number: _____

Mobile Number: _____

Relationship to child: _____

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).

Persons who CANNOT pick up your child

Name: _____ Name: _____

Name: _____ Name: _____

Additional people authorised by you to pick up your child:

First Name: _____ First Name: _____

Last Name: _____ Last Name: _____

Telephone Number: () _____ Telephone Number: () _____

Mobile Number: () _____ Mobile Number: () _____

Medical Information

Doctor's Name: _____ Telephone Number: _____

Are there any medical conditions or concerns of which we should be aware? This could include allergies, hearing, sight, diabetes, speech, medication, developmental delay, etc.

Has your child been immunised? Yes No

Please provide a copy of your child's immunisation record, if applicable.

MEDICINE (non-prescription)

I/we give/do not give permission for staff at Springbank Preschool to apply topical first aid to my child in case of minor injury or to prevent sunburn (hypercral cream for skin abrasions/cuts, antiseptic liquid, Arnica cream for bumps and bruises, insect repellent, sunscreen.

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

Fees Schedule

There is no enrolment fee.

For children over 2 years and under 3 years, the hourly attendance fee is \$7.00.

Children aged 3-6 years attend Springbank Preschool free of charge for up to 20 hours per week (no more than 6 hours per day). If these children attend preschool for more than 6 hours per day, the hourly attendance fee is \$7.00. Currently a full day is 6.5 hours which incurs a fee of \$3.50 for the extra half hour that day.

There are no extra Preschool attendance charges.

Springbank Preschool provides a unique setting which includes services and opportunities for your child which are over and above Ministry of Education minimum regulatory guidelines. Our special preschool programme includes:

- Participation in school visits including:
Excursions on the farm and to fitness/sports areas.
Library and Art Room sessions at school.
- Participation in special events including Market Day, Cross Country Day, Athletics Day.
- School drama and music performances.
- Visiting performers such as magicians, musicians, story-tellers (there will be a separate charge for these performers)
- Junior School reciprocal class visits and interaction (ie Drama, Art, Music and Buddy Reading)
- Visits to and from Headstart (our 5 to 6 year old programme).

Hourly attendance fee

I agree to pay the \$7.00 hourly attendance fee where applicable.

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

Springbank Preschool Terms of Enrolment

1. Please complete this application form and give it to the Licensee at Springbank School Reception.
2. If your application is successful you will receive:
 - Formal acceptance of enrolment
 - Confirmation of agreed start date.
 - Sessions allocated and
 - An invoice for the first term's fees where applicable
3. Any fees are to be paid in advance and are due on or before the first day of term, or by automatic payment by prior arrangement with the Licensee, Sophia Warren (Ph 09 4075236).
4. In the event of non-attendance, your child's place will be held open for 9 days at which point, in accordance with government funding requirements, we will be contacting you to record why your child has been absent. The place may continue to be held open for a further 12 days. Any longer will be at our discretion.
5. If you wish to withdraw your child from Springbank Preschool, you will be required to provide one month's notice in writing. In this event any pre-paid fees for the remainder of the term will be refunded.
6. The proprietors shall give notice of any fee changes at least one term in advance.

Parent/Guardian Declaration

- Privacy Act: I/we accept that all information relating to my child will be regarded as confidential and kept in a secure place.
- I understand that any information gathered by Springbank Preschool is collected solely for the purpose of enabling them to provide their services to my child.
- I/we give permission for Springbank Preschool to share information with selected outside agencies, providing it is in the interest of my/our child.
- I/we give permission for my child to leave centre premises under supervision within Springbank School grounds, visiting the library, gymnasium, sports fields and classes, as appropriate. The legal adult:child ratio will be adhered to.
- I/we give/do not give permission for staff to take photos of my child for centre educational purposes (portfolio-assessment/wall display, preschool newsletters) and for promotional purposes (advertisements, brochures, newspaper articles, website).
- I/we request that our child be enrolled at Springbank Preschool
- I/we have read and understand the full Application for Enrolment document including the Terms of Enrolment and Fees Schedule; and I/we have completed all sections of this Application and that the information I/we have supplied is true and correct to the best of my knowledge, and I/we agree to abide by all of the Terms and Conditions therein.

Parents/Legal Guardians

Name: _____ Signature: _____ Date: ____ / ____ / ____

Name: _____ Signature: _____ Date: ____ / ____ / ____