



# Bethlehem Community Pre-School Inc.

"Your caring Community Pre-School in the heart of Bethlehem"

53 Bethlehem Road, Bethlehem,  
Tauranga 3147

PO Box 16028, Bethlehem, Tauranga. 3147.

Telephone: (07) 579 3500

E-mail: [bcpreschool@xtra.co.nz](mailto:bcpreschool@xtra.co.nz)

Fax: (07) 579 3501

Website: [www.bethlehemcommunitypreschool.co.nz](http://www.bethlehemcommunitypreschool.co.nz)

## Enrolment Form

**CONFIDENTIAL**

### Child's Details

**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

Address \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

<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:
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>Emergency Contacts and 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):

<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)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

Child's Doctor	
Name	Phone
Name of Medical Centre	

### Medical Information

Is your child up to date with immunisations? Yes/No  
**Please bring confirmation of this on your child's first day at pre-school**

Special Needs: Yes/No  
 If "Yes" please specify: \_\_\_\_\_

Special Health Needs: Please record any special health needs including any allergies and any medication that may be required in a separate Health Care Plan.

### Medicines

Bethlehem Community Pre-School teachers hold a current First Aid qualification. They will not administer any medicine to your child without written consent. We do not supply any category (i) (ii) or (iii) medicines on our premises for administration to children.

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

Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc.) or non-prescription (such as, 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.

Category (iii) Medicines

Category (iii) medicines are if your child requires medication as part of an individual health plan, eg. for an on-going condition such as asthma or eczema, and is for the use of that child only.

I acknowledge that written authority from a parent is to be given (Health Care Plan) before any category (i), category (ii) or category (iii) 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Committee

Would you be interested in joining our Management Committee? Yes/No

Would you be interested in assisting or supporting our Committee? Yes/No

Are there any special skills/talents/interests that you think you could offer the pre-school?

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## Enrolment Details:

Date of Enrolment: \_\_\_ / \_\_\_ / \_\_\_

Date of Entry: \_\_\_ / \_\_\_ / \_\_\_

Date of Exit: \_\_\_ / \_\_\_ / \_\_\_

Please tick the box that you would like to enrol your child for:

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Mornings	8.30am – 12.30pm	8.30am – 12.30pm	8.30am – 12.30pm	8.30am – 12.30pm	8.30am – 12.30pm	
All Day	8.30am – 3.15pm	8.30am – 3.15pm	8.30am – 3.15pm	8.30am – 3.15pm	8.30am – 3.15pm	
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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.

If your child is going to be absent for more than 3 continuous weeks, then the Pre-School will enforce their Policy for Attendance. This states that the child will be removed from the roll and given the next available position.

## 20 Hours ECE Attestation

Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 Hours per week at this service? YES  NO

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

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 Bethlehem Community Preschool Inc.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Fees

All fees invoices will be e-mailed out and are to be paid weekly, monthly, or a full term in advance. Should this cause any difficulty please feel free to discuss alternative arrangements with us. WINZ may be available – see Administrator or Head Teacher for further details.

Should the parent/guardian/caregiver fail to pay, their child's place will go to the next child on the waiting list.

One week's written notice of child's last day is required or one week's fee payment in lieu.

I agree to pay the Bethlehem Community Pre-School Fee of \$5.00 per hour.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

## Optional Charges:

Bethlehem Community Pre-School Inc. has an Optional Charge from February 1<sup>st</sup> 2011 until further notice.

### Optional Charge - \$0.50c per hour:

1. The optional charge is for:  
Subsidising our visits and trips, cooking and baking and extra-curricular activities.
2. I understand that if I agree to pay for the optional charge, Bethlehem Community Pre-School may enforce payment.
3. The agreement to pay the optional charge will last until your child leaves Bethlehem Community Pre-School.
4. Any changes to this Optional Charge will be required in writing and further agreement sought by way of an additional declaration by myself.
5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
6. I **agree/do not agree** (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Permission

### I Agree:

- Staff are responsible for this child only during session times and that I am responsible for seeing that this child gets to and from the Pre-School safely.
- To give permission for staff to apply basic First Aid and sunscreen products to this child and to change his / her soiled or wet clothing when necessary.
- To accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation.
- To give permission for this child to be taken to an alternative emergency location, if required, e.g. Bethlehem School, in the event of an emergency.
- That staff may take my child on spontaneous group excursions on foot in the close vicinity of the Pre-School. This includes Bethlehem School, Wharekura, shops and parks, and adult: child ratios will always be adhered to. Please Tick

OR

If I do not wish my child to participate in these trips, then only the following options are available:

- I will join in on the trip
  - I will uplift my child for the duration of the trip
  - My child will not attend the session
  - I will give temporary written permission for my child to attend
- That I will be required to give further written consent for any excursion not in the immediate vicinity of the Pre-School on which this child is required to travel by motor vehicle / bus and adult: child ratios will be adhered to.
  - That I will give two weeks' notice if this child is being removed from Pre-School before his/ her 5<sup>th</sup> Birthday.
  - To give permission for the Pre-School to give this child's name and date of birth to the school he/she will attend.

Signed: \_\_\_\_\_

## Optional Permission

### I Agree To:

**Please Circle**

- |   |          |
|---|----------|
| Give permission for this child's name to be published in newsletters.   | Yes / No |
| Give permission for this child to be photographed / videoed whilst at Pre-School.   | Yes / No |
| Give permission for any such video / photograph to be used for publicity purposes, including our website and Facebook.            | Yes / No |
| Give permission for my telephone number and/or address to be made available to the Pre-School committee for fundraising purposes. | Yes / No |
| Give permission for my child to participate in routine Vision & Hearing checks run by Western Bay Health.                         | Yes / No |

Signed: \_\_\_\_\_

## Primary School

School my child is likely to attend: \_\_\_\_\_

## Statutory Holidays / Term Breaks

This enrolment agreement is exclusive of school term breaks.

We are not open on any Statutory Holidays.

## Policies and Procedures

I understand that Bethlehem Community Pre-School has a number of policies that set out Procedures that are in place for the care and education of the children who attend and that I should read these.

The signing of this Enrolment Form indicates that I will abide by the policies of this service, and understand that I can have an input into policy review.

Signed: \_\_\_\_\_

## 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 and information about acceptable identity verification documents at: [eli.education.govt.nz](http://eli.education.govt.nz)

## 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 Bethlehem Community Pre-School Inc., I declare that this form has been checked and all relevant sections have been completed.

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

**Change of Days/Times of Enrolment:**

Effective Date of Change: \_\_\_ / \_\_\_ / \_\_\_

Days Enrolled	Monday	Tuesday	Wed.	Thurs.	Friday	
Times Enrolled						<b>Total</b>
For <b>20 Hours ECE</b> fill out boxes below						
<b>20 Hours ECE at this service</b>						
<b>20 Hours ECE at another service</b>						

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

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For <b>20 Hours ECE</b> fill out boxes below						
<b>20 Hours ECE at this service</b>						
<b>20 Hours ECE at another service</b>						

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_