

## Enrolment Agreement Form

70 Wildberry Street  
Woolston 8023  
Christchurch  
Phone: 03 3812721  
Email: [admin@abacusmontessori.co.nz](mailto:admin@abacusmontessori.co.nz)

*Where every child counts.*

● **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: \_\_\_\_\_

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:

● **Child's Identification:**

*Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.*

Official Identification document/s sighted by staff:

New Zealand birth certificate       Foreign birth certificate

New Zealand passport       Foreign passport

Other \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

- **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
- 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.**

- **Parents / Guardians:**

<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:

● **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):

Email:

Email:

Relationship to child:

Relationship to child:

● **Additional Person/s who can pick up your child:**

<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:

● **Health**

Illness/allergies:

---



---



---

● **Child's Doctor:** \_\_\_\_\_

Medical Centre Name \_\_\_\_\_

Phone Number \_\_\_\_\_

• **Medicine**

Medicine / Creams 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 preparations that will be used. List below

Do you approve of the below named medicines to be used on your *Tick One* Yes  No  child?

Name/s of specific Creams that can be used on my child, **provided by service:**

• Arnica

▪ Sunscreen

• Sudocrem

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

**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: Yes  No   
*Tick One:*

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

● **Enrolment Details:**

Date of Enrolment: \_\_\_\_\_ Date of Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Exit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 /\_\_\_\_/\_\_\_\_

**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.

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:

● **Notes -**

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?

Please Tick

Yes

No

2. 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 time that he/she is enrolled at [insert name of service].

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

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

### ◆ Afternoon Collection

#### Supporting Smooth Afternoon Transitions

While we understand that families are booked and pay for care until 5:30 pm, we kindly encourage arriving for pick-up by 5:15 pm. This allows time to gather your child's belongings, have a chat with their educators, and ensure a calm and unhurried transition at the end of the day, and be on your way home at 5:30 pm.

Arriving to collect by 5:15 pm also supports our team in wrapping up their responsibilities and finishing their day on time at 5:30 pm.

We greatly appreciate your support in helping us maintain a respectful and well-organised environment for children, families, and staff.

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

\_\_\_\_\_

## Abacus Montessori Nursery & Preschool Fees Agreement

Upon enrolment at Abacus Montessori Preschool, you will be required to pay a \$20.00 fee, which:

- Entitles you to an Online Portfolio as a record of your child's learning and regular newsletters from school and updates on interesting reading and related educational information.
- Ensures your notification of relevant guest speakers' parent evenings and social events.
- Provides a wet bag for all wet and soiled clothing. This item can be retained upon leaving the centre.
- Admin fee

### FEES

School fees are \$7.80 per hour, payable weekly in advance. This rate is charged over the 20-hour ECE.

Full week fee is \$238.00

For any full-time 20 hr ECE recipient, the fee is capped at \$150.00

Day fee for over 7 hours is capped per day **\$58.00**

- If fees are in arrears, your child's space will be compromised and may be given to another child.
- 10% discount applies to siblings attending not using 20 hours ECE or a Winz Subsidy.
- If changing your booking and leaving prior to your child turning 5 years old, 3 weeks' notice must be given in writing with all fees up to date.
- I agree to pay for statutory holidays, as per my permanent booking.
- On enrolment, I agree to pay a fortnight in advance and then weekly in advance from then on.
- I understand I shall pay full fees for sickness and holiday absences taken of my own volition.
- For consistency of care for tamariki and to support settling and wellbeing, we have a minimum of two, 4 hour sessions as a minimum booking.

### LATE Payment of FEES

- If fees are outstanding for more than 2 weeks, a 10% penalty will be added to your account.

### Late Collection Policy

To ensure the safety and wellbeing of all children, and in accordance with our centre's licensed operating hours, we kindly remind families of the importance of collecting children on time.

Children who are collected **after their booked time** or **outside of our licensed hours** will incur a late fee.

## Abacus Montessori Nursery & Preschool Fees Agreement

### Late Fee Structure:

#### After licensed hours

- A flat fee of **\$25.00** will be charged for the first **5 minutes** of lateness.
- After the initial 5 minutes, an additional fee of **\$5.00 per 5 minutes** will apply.

#### Within operational hours

- Hourly rate will be charged on top of booked time if collection before or after child's booked hours (within our licensed hours)

Late fees will be automatically added to the child's account. **Repeated late collections may result in further review of your enrolment and care arrangements.**

#### Winz - Child Care Subsidy

- I understand that I am responsible for paying my fees in full until my WINZ subsidy is approved.
- I understand that I am responsible for any fees not covered by my subsidy

I \_\_\_\_\_ have read and understood the above.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Any debit will be placed in the hands of an agency, and the parent/guardian will be responsible for any outstanding fees and administration costs.**

Invoices/statements will be emailed or given to you in writing.

Method of payment is by direct debit

**Our bank account Details are**

**Abacus Montessori Limited – 06-0801-0730273-00**

**Please note that all fees are subject to change, and are notified a 3 months in advance**

I agree and accept the conditions of Abacus Montessori Nursery and Preschool.

## Abacus Montessori Nursery & Preschool Fees Agreement

In accordance with the Fees/Finance Policy.

I \_\_\_\_\_ understand this is a legal and binding contract:

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

### ◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Abacus Montessori Preschool is open all year except on the public holidays listed below, where normal fees apply. And a 2-week closure at Christmas, depending on the way Christmas dates fall, no fees are charged at this time.

Abacus Montessori Preschool is closed on the following public holidays if they fall on a weekday.

New Year's Day, Day after New years day, Waitangi Day, Easter Monday, Anzac Day, Kings Birthday, Matariki, Christmas Day, Boxing Day, Day, Good Friday, Labour Day. And Canterbury Anniversary

Please confirm acknowledgement, by signing \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Privacy & Outings permission

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy)  
**Yes/No**                      **Sign** \_\_\_\_\_
- **Photo/video:** permission for the child to be photographed/videoed for the purposes of assessment, planning and evaluation to be displayed at Abacus Montessori Nursery & Preschool through Profile Books and online through Story Park.  
**Yes/No**                      **Sign** \_\_\_\_\_
- **Photo/video:** permission for the child to be placed on our website, promotional and social media pages  
**Yes/No**                      **Sign** \_\_\_\_\_
- **Policy Statement:** Abacus Montessori 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.

I have a copy and have read the Parent Handbook: **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

• **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.

- 
- 

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

**On Enrolment:**

- Profile Book Fee \$20.00:
- Birth Certificate:
- Custody Papers:
- Emergency Release Form:

**On Departure from the centre**

- Date on enrolment Ceased:
- 3 weeks in writing received:
- Bill finalised:
- Debt collection agency organised:

Service Provider Signature: \_\_\_\_\_

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

## Child Emergency Release Form

*In the event of an earthquake or other serious incident resulting in the closure of Abacus Montessori & Preschool, where I am unable to collect my child/ren*

I, \_\_\_\_\_, Parent/ Legal Guardian of

Name/s of children

\_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

Name	Relationship to child	Address	Telephone

**Can include - People named in emergency contacts in enrolment (not parents or legal guardians)**

I fully understand that during a natural disaster such as an earthquake, my child/ren will not be released from the care of Abacus Montessori Nursery and Preschool teachers to any other adult unless authorised by myself (as above If unknown to teaching team said person will bring photo ID as identification ) and that on the release of my child/ren a record shall be kept by centre director or head teacher of the name of person collecting from above list, time of release, and expected destination.

Until this time, the centre teachers will remain responsible for my child/ren until they are collected by an authorised adult or an emergency service. In the circumstance where it is not possible for my child's collection, alternative arrangements will be made in consultation with the police.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Office Use Only-FOR USE IN AN EMERGENCY ONLY

Name of Person collecting \_\_\_\_\_

Date/Time \_\_\_\_\_

Name of Child/ren

Released \_\_\_\_\_

Person collecting

address \_\_\_\_\_

Person collecting phone

number \_\_\_\_\_

Expected destination

\_\_\_\_\_

Person collecting Signature \_\_\_\_\_

Released by \_\_\_\_\_