

Preschool &  
Junior School



ENROLMENT FORM

CHILD'S NAME \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Nationality \_\_\_\_\_ Iwi Affiliation(s) \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Place of work \_\_\_\_\_  
Phone (home) \_\_\_\_\_  
Phone (work) \_\_\_\_\_  
Phone (mobile) \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Place of work \_\_\_\_\_  
Phone (home) \_\_\_\_\_  
Phone (work) \_\_\_\_\_  
Phone (mobile) \_\_\_\_\_

Email address(s) for weekly invoices and newsletters.  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Immunisation (Parents must attach a copy of child's immunisation certificate)  
 15 Months - DTPH4, MMR1     4 Years - MMR     Not Immunised

Does anyone else have consent to collect your child?  
Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Is there anyone who is not legally allowed to collect your child?  
\_\_\_\_\_

I wish to enrol my child in the:

Nursery  
(0 - 18 months)

Junior School  
(18 months - 2½ years)

Preschool  
(2½ - 6 years)

**Hours Requested**

| Days Enrolled                                                  | Mon | Tues | Wed | Thurs | Fri |
|----------------------------------------------------------------|-----|------|-----|-------|-----|
| Times Enrolled<br>e.g. 8 - 12<br>(minimum<br>4 hrs per day)    |     |      |     |       |     |
| 20 Hours ECE at<br>this service*<br>(enter number<br>of hours) |     |      |     |       |     |

Is your child receiving 20 Hours ECE at any other service (e.g. Kindergarten)

YES / NO

|                                                                   |  |  |  |  |  |
|-------------------------------------------------------------------|--|--|--|--|--|
| 20 Hours ECE at<br>another service*<br>(enter number<br>of hours) |  |  |  |  |  |
|-------------------------------------------------------------------|--|--|--|--|--|

Date space is requested from:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

*\* All three and four year olds are entitled to 20 Hours ECE per week. No more than six hours per day can be claimed at all services that your child attends and no more than 20 hours per week can be claimed at all services that your child attends, see page 4 for more information.*

**Hours Available (office use)**

| Days Available  | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------|--------|---------|-----------|----------|--------|
| Times Available |        |         |           |          |        |

Date permanent space will be available:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This Enrolment is Casual from:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are there any medical details, serious illnesses, food allergies, dislikes, special fears, needs etc. that the Preschool staff should know about.

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How did you hear about The James St Preschool and Junior School?

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I give permission for photos and videos taken by the preschool, to be used for publicity and promotional purposes. **YES / NO**

I give permission for teaching staff to administer non-prescription external medicines to my child if required, such as Arnica, Plasters, Savlon & Sunscreen Lotion. **YES / NO**

*20 Hours ECE* is only part funded by the Ministry of Education. The James St Preschool can only afford to offer *20 Hours ECE* with the support of parents. We ask parents to assist with this funding shortfall by contributing \$2.00 per hour for each hour of free ECE received. I agree to pay an optional charge of \$2.00 per hour for each hour of free ECE received at The James St Preschool. **YES / NO**

I understand that if The James St Preschool withdraws from the *20 Hours ECE* scheme then I will be liable for fees as outlined in the Standard Fee Schedule. **YES / NO**

I authorise the Ministry of Education to make enquires it deems necessary regarding the information provided in the *20 Hours ECE Details Box* to the extent necessary to make decisions about my child's eligibility for *20 Hours ECE*. I also consent to The James St Preschool providing relevant information to the Ministry of Education, and to other early childhood education services my child is enrolled at, about the information contained in this box. **YES / NO**

I have read and accept the terms and conditions outlined in the prospectus and contained on the following pages. **YES / NO**

## Preschool & Junior School



### FEES

#### Standard Fees:

These fees apply to the following children:

- all children aged 0, 1 and 2 years old;
- all children who are ineligible for *20 Hours ECE*;
- all children whose parents, caregivers have not completed the required documentation to receive *20 Hours ECE* (see page 2 of enrolment form),
- all children whose parents/caregivers have chosen not to accept *20 Hours ECE*.
- \* as at 5<sup>th</sup> January 2009, subject to Annual Review

| STANDARD FEES             |       |
|---------------------------|-------|
| Hourly Fee<br>(min 4 hrs) | 8.00* |
| Maximum<br>Daily Charge   | 50*   |

#### 20 Hours ECE Fees:

These fees apply to the following children:

- all children aged 3 or 4 who have not used their *20 Hours ECE* entitlement at another ECE provider, such as Kindergarten (*20 Hours ECE* hours can be shared between different ECE providers).
- 5 year olds receiving special education support as part of a formal 'transition to school' plan.

| 20 Hours ECE FEES                                                      |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Up to Six<br>Hours per Day                                             | Free                                                       |
| Up to 20 Hours<br>per Week                                             | Free                                                       |
| Bookings in<br>excess of 6<br>Hours per Day<br>or 20 Hours<br>per Week | Same as<br>Standard<br>Fees for<br>remainder of<br>booking |

#### Optional Charge:

*20 Hours ECE* is only part funded by the Ministry of Education. The James St Preschool can only afford to offer *20 Hours ECE* with the support of parents. We ask parents to assist with this funding shortfall by contributing \$2.00 per hour for each hour of free ECE received.

**(Preschool Fees are Payable by DIRECT DEBIT ONLY - Please Complete Attached Form.)**

## I HAVE READ AND AGREE TO THE FOLLOWING:

Please Note: The term preschool has been used to indicate either The James St Preschool or The James St Junior School.

1. I will not bring my child to preschool if they are unwell or if they have had vomiting or diarrhoea in the past 48 hours. I will immediately pick up or arrange the pickup of my child if they become unwell at preschool.
2. I authorise the preschool staff to administer medication provided by and specifically authorised by me, for my child. In the event of accidents the preschool staff are authorised to seek medical advice as required for my child's best interests. In the unlikely event of an emergency I give permission for my child to be taken to hospital in an ambulance if necessary.
3. I will notify the Preschool if my child is to be absent or if I require a change in hours.
4. Should a court order be placed upon any Parent or Guardian of a child enrolled at the Preschool, the Supervisor must be notified immediately and given a copy of such order to retain on that child's file.
5. I will notify the Supervisor if anyone other than those listed on this enrolment form are to pick up my child from the preschool and I understand my child will be kept at preschool until such permission is given.
6. I give permission for my child to travel on short walks in the local area or between The James St Preschool and The James St Junior School when appropriate, in the company of staff. However, for all other excursions my specific permission for each such excursion will be required.
7. All casual bookings will be charged normal fees whether my child attends or not.
8. My child is not enrolled concurrently (i.e. for the same hours of the day) in any other school or early childhood centre.
9. I will give two weeks notice before withdrawing my child from the Preschool.
10. A non-refundable payment for \$50 in order to reserve this booking is attached. This will be credited against fees once my child commences their attendance.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

**Please ensure you have attached a copy of your child's birth certificate and a copy of their immunisation record (unless you have indicated they are not immunised). No enrolment can be processed without these documents.**

Name of account to be debited:

**AUTHORITY TO ACCEPT DIRECT DEBITS**  
(Not to operate as an assignment or an agreement)

Account details:

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank                 | Branch number        |                      |                      |                      |                      | Account number       |                      |                      |                      |                      |                      | Suffix               |                      |                      |



To the Manager: please print full postal address clearly

|         |  |
|---------|--|
| Bank    |  |
| Branch  |  |
| Address |  |

**AUTHORISATION CODE**

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 0 | 2 | 2 | 0 | 0 | 2 | 1 |
|---|---|---|---|---|---|---|

Date:

I/We authorise you until further notice in writing to debit my/our account with you with all amounts which

**The James St Preschool**  
 \_\_\_\_\_  
 (hereinafter referred to as the Initiator)

the registered initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on this form.

Information to appear in my/our bank statement:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Payer Particulars    | Payer Code           | Payer Reference      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Account

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\_\_\_\_\_  
 Authorised Signature(s)

|                                                                                                                                                                                                                                          |                      |                      |                                                                                                                                                                                                                                                                                                                                  |                |              |             |                      |                      |                      |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|-------------|----------------------|----------------------|----------------------|-------------------|
| <p style="text-align: center;">Approved</p> <hr/> <p style="text-align: center;">2002</p> <table border="1"> <tr> <td style="width: 50%; text-align: center;">12</td> <td style="width: 50%; text-align: center;">09</td> </tr> </table> | 12                   | 09                   | <p>For Bank Use Only</p> <table border="1"> <tr> <td>Date Received:</td> <td>Recorded By:</td> <td>Checked By:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Original – Retain at Branch<br/>         Copy – Forward to Initiator if requested</p> | Date Received: | Recorded By: | Checked By: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <p>BANK STAMP</p> |
| 12                                                                                                                                                                                                                                       | 09                   |                      |                                                                                                                                                                                                                                                                                                                                  |                |              |             |                      |                      |                      |                   |
| Date Received:                                                                                                                                                                                                                           | Recorded By:         | Checked By:          |                                                                                                                                                                                                                                                                                                                                  |                |              |             |                      |                      |                      |                   |
| <input type="text"/>                                                                                                                                                                                                                     | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                                                                                                                  |                |              |             |                      |                      |                      |                   |

## CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

### 1. The Initiator:

- (a) Has agreed to give advance Notice of the net amount of each Direct Debit and the due date of the debiting at least two business days before the date when the Direct Debit will be initiated. This advance notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically). The advance notice will include the following message:-  
"The amount of \$....., will be Direct Debited to your Bank account on (initiating date)."
- (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

### 2. The Customer may:-

- (a) At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by means agreed by the customer, Bank and Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

### 3. The Customer acknowledges that:-

- (a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:-
  - the accuracy of information about Direct Debits on Bank statements; and
  - any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

### 4. The Bank may:-

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.