

Administration records

Enrolment agreement form

Queen Margaret College

### 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:

### Copy of official identity verification document\* collected by staff:

New Zealand birth certificate  
New Zealand passport

Foreign birth certificate  
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:

### Current childcare arrangements (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 at: [eli.education.govt.nz](http://eli.education.govt.nz)

\* Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://eli.education.govt.nz)

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

## Parents / Guardians:

<b>1. Given names:</b>	<b>1. Given names:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
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>Given names:</b>	<b>Given names:</b>
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:

## 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:

## Civil defence:

All Parents/Caregivers directly responsible for the child will be registered and contacted through SMS message in a civil defence emergency.

## Civil defence collection information:

As well as Parents/Caregivers, the College requires you to name **at least 3** adults over the age of 18 whom you have pre-approved to collect your child from Queen Margaret College should evacuation be required. This could be a relative, work colleague, neighbour etc. One of the people named must live or work in a 2-3km radius of the College. It is **your responsibility** to contact the named person on your list to collect your child. Your child will be released to their care after they have been signed out.

<b>1. Given names:</b>	<b>2. Given names:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
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:

### Medical:

#### Medical permissions

I agree to inform the school as soon as possible of any changes in the health of my child so that the College records can be updated. I also agree to my child receiving any emergency treatment in the event of an accident should I be unable to be contacted and I agree to pay any medical costs not covered by ACC or a community service card, including any ambulance.

Select one:

I agree

I don't agree

### Child's doctor:

Name:

Phone:

Name of medical centre:

### Health:

Has your child had any of the following:

Asthma

Seizers

Fainting

Illness/allergies:

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

### Medicine:

#### 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 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? *Tick One* Yes  No

Name/s of specific category (i) medicines that can be used on my child, provided by service:

### Category (ii) medicines

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

### Category (iii) medicines

To be filled in if your child requires medication as part of an individual health plan, for example for an ongoing 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: *Tick One* Yes  No

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptoms)

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

### Required information for licensing purposes

#### Photo permission:

This section is referring to using photos images in Te Karere, QMCalling, Social media, News@QMC, QMC website, marketing material and advertisements.

- 'Allow to publish' gives permission for all of the communications listed.
- 'Do not publish at all' does not give any permission for internal and external publications and marketing.
- 'Do not publish externally' gives permission to publish in publications managed by QMC but nothing externally.

QMC will not provide photos or articles of students to outside media without parental consent. QMC is not liable for any photos or articles taken or written by outside media.

Select one:  Allow to publish  Do not publish at all  Do not publish externally

#### Travel consent:

I give consent for our child to travel in a 5km radius of the College for organised school events:

Select one:  Yes  No

### 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.

<b>Days enrolled:</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
<b>Times enrolled:</b>						

For 20 hours ECE fill out boxes below with the hours attested e.g. 6 hours

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? Tick One Yes  No

2. Is your child receiving 20 Hours ECE at any other services? Tick One 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 [insert name of service].

Parent/Guardian Signature:

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

### Statutory holidays / term breaks:

This enrolment agreement is inclusive school term breaks.

### Parent declaration:

I declare that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature:

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

### Service declaration:

On behalf of Queen Margaret Preschool, 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	Wednesday	Thursday	Friday	Total:
Times enrolled:						

**For 20 hours ECE fill out boxes below**

20 hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian signature:

\_\_\_\_\_

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

**Change of days/times of enrolment:**

Effective date of change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Days enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total:
Times enrolled:						

**For 20 hours ECE fill out boxes below**

20 hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian signature:

\_\_\_\_\_

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

**Change of days/times of enrolment:**

Effective date of change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Days enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total:
Times enrolled:						

**For 20 hours ECE fill out boxes below**

20 hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian signature:

\_\_\_\_\_

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

Please return the completed and signed application form to the College together with a copy of the student's:

- Birth Certificate if born in NZ
- Immunisation Certificate
- Non-Refundable Registration Fee \$120  
(Refer current fees schedule)
- Passport if born overseas

How did you hear about us?

**Return the completed application form to:**

Enrolments Director  
Queen Margaret College  
53 Hobson Street  
PO Box 12274  
Thorndon  
Wellington 6144  
New Zealand

Queen Margaret College Fees Account A/C  
**Bank:** Westpac  
**Branch:** Wellington  
**Address:** 85 Molesworth Street  
**Swift Code:** wpacnz2w  
**Account:** 03 0518 0316528 09  
*Include your surname in our reference field*

**For further information**

Please contact our Enrolments Director:  
Telephone: +64 4 473 7160  
Email: enrolments.director@qmc.school.nz