

ENROLMENT FORM

CHILD INFORMATION

Child's full name:			
Date of Birth:		Gender: M <input type="radio"/>	F <input type="radio"/>
Nationality:		Country of origin:	
Primary Language:		Second language:	
Language(s) spoken at home:			

PARENT/GUARDIAN INFORMATION

Guardian Name 1:			
Relationship to child			
Occupation			
Home address			
Home Phone Number:		Cellphone Number:	
Employer:		Work Number:	
email address:			

Guardian Name 2:			
Relationship to child			
Occupation			
Home address			
Home Phone Number:		Cellphone Number:	
Employer:		Work Number:	
email address:			

How did you hear about La Petite Ecole?

DROP-OFF AND COLLECTION OF CHILD

Please name the people who are authorised/not authorised to pick up your child (other than those listed above). Please inform the teachers of any changes at the beginning of the session.

Name:		Name:	
Phone:		Phone:	
Relationship to child:		Relationship to child:	
Authorised <input type="radio"/>	Not authorised <input type="radio"/>	Authorised <input type="radio"/>	Not authorised <input type="radio"/>

MEDICAL INFORMATION

Is your child up to date with their immunisations? <i>Please provide a copy of your child's immunisation record</i>	Yes <input type="radio"/> No <input type="radio"/>
Known medical conditions or disabilities (allergies, hearing, vision, learning disability - please specify)	
Medication? (all medication administered must be signed in the medication register by a parent or guardian)	
Child's doctor:	Phone:

PRIVACY PERMISSION

For minor accidents/incidents teachers may elect to use products such as arnica cream etc. I give permission for such products to be used on my child.	Yes <input type="radio"/> No <input type="radio"/>
I give permission for my child to participate in supervised play in the neighbouring park and playground.	Yes <input type="radio"/> No <input type="radio"/>
I give permission for the teachers to apply sun block to my child.	Yes <input type="radio"/> No <input type="radio"/>
I give permission for the teachers to help clean and change my child in the event of soiling. <i>Please note that the alternative is for the teacher to call you and for you to come in and change your child.</i>	Yes <input type="radio"/> No <input type="radio"/>
I give permission for my child to be given basic First Aid treatment by the teachers.	Yes <input type="radio"/> No <input type="radio"/>
I give permission for my child to be photographed or filmed for educational or promotional purposes.	Yes <input type="radio"/> No <input type="radio"/>

WHAT TO BRING

- Please provide your child with a healthy morning tea and lunch and a water bottle. Some foods are restricted because of children's allergies - you will be notified if this is the case.
- A sunhat is required from October to April. We also advise application of sun block during the summer months.

WHAT WE NEED TO KNOW

- Your child must be toilet trained prior to starting La Petite Ecole.
- If you child is on any medication, please sign the medication register if medication is to be administered.
- If your child is unwell, please do not bring him/her to La Petite Ecole. If the teachers are in doubt about any symptoms, they will contact the parents immediately.
- If anybody other than yourself will be picking up your child at the end of the session, please inform the teachers in the morning both verbally and in writing on the attendance sheet at the entrance.

I hereby agree that I can be contacted at the above numbers at all times and will be able to resume responsibility for my child at short notice.

Parent/Guardian Signature: _____ Date: _____

Please see below information about sessions available from Term 1, 2019 and fees.

RE-ENROLMENT PROCESS

The enrolment of your child will automatically be renewed at the end of each term for the following term, unless you inform the Co-ordinator via email (info@lapetiteecole.co.nz) at least 2 weeks before the start of the following term. Without notice, you might be charged up to 50% of the term cost.

Price and schedule are subject to change from a term to another. You will be notified by email if there is a change. You will have a 2 weeks' notice to inform the manager if you want to stop your child's enrollment. Without notice, the enrollment will be renewed using the new price and/or new schedule.

SESSION DETAILS. 456 Great North Road, Grey Lynn, Auckland.

Days enrolled: (please tick)	Session times:	
MONDAY	9:00 am to 1:00 pm 9:00 am to 2:30 pm	<input type="radio"/> <input type="radio"/>
TUESDAY	Currently unavailable	
WEDNESDAY	9:00 am to 1:00 pm 9:00 am to 2:30 pm	<input type="radio"/> <input type="radio"/>
THURSDAY	9:00 am to 1:00 pm 9:00 am to 2:30 pm	<input type="radio"/> <input type="radio"/>
FRIDAY	9:00 am to 1:00 pm 9:00 am to 2:30 pm	<input type="radio"/> <input type="radio"/>

SESSION TIMES

Session times are times on the premises. We cannot accept children before 9.00 am because teachers are setting up and completing administration requirements. Please allow plenty of time to collect your child as promptly as possible at 1.00 pm for the standard session or 2:30 pm for the extended session.

VENUE

La Petite Ecole is not a licensed Early Childhood Education Centre as it is located on the premises of a primary school. As such, the playground is not adapted to under-five-year-olds.

I understand that, while children are always supervised by the teachers during recess, like other physical activities, the use of playgrounds may involve the risk of injury.

Parent/Guardian Signature: _____ Date: _____

FEES & PAYMENT TERMS

We require a \$35 donation per session for each child attending for the standard sessions, and a \$43 donation per session for the extended sessions. We are a charitable organization and therefore we rely completely on your donations to cover the costs of staff, room hire and resources. An invoice will be sent to you prior the start of the term and donations must be paid in full within two weeks. Donations are tax deductible. You will therefore receive a receipt upon payment of your donation; please retain it for your records. We offer a 10% sibling discount.

REGISTRATION FEE

A \$50 one off registration fee will be invoiced when your child starts La Petite École in order to cover costs related to a new enrollment.

FRENZ MEMBERSHIP

Families of children attending La Petite École must be registered with the FRENZ School Inc Association. The annual FRENZ membership (\$40) will be added to each first invoice of the year.

PAYMENT OPTIONS**Direct deposit**

Bank: Kiwi Bank

Account name: FRENZ School Inc. Account number: 38-9012-0164126-01

Reference: La Petite École (or LPE) as well as your child's name.

Cheque

Please make cheques payable to FRENZ School Inc.

Post to: FrenzSchool Inc, MBE109, Private Bag 92175, Auckland 1142

HOLIDAYS & SICKNESS

Fees are payable if your child is sick or on holiday. Replacement days are not available for absences due to illness or vacations. We are unable to process refunds as all amounts paid are donations.

COMPLAINTS

If you wish to make a complaint about any aspect relating to your child attending Le Petite Ecole, please first contact the Lead Teacher/Co-ordinator at info@lapetiteecole.co.nz. Any serious issues must be addressed to the above in writing. If your issue is not resolved, please contact the Frenz administrator at contact@frenzscool.org.nz. We will endeavor to resolve any complaints in a timely and discreet manner. A copy of the full complaints process is available at each venue.

AGREEMENT

The terms of this agreement are subject to La Petite École's rules and regulations which are set forth in our Policies Manual and are available for viewing on request. Information provided by parents/guardians on this enrollment form is required for statistical purposes, to ensure contact in an emergency and to facilitate individual care and attention for your child. It is strictly confidential to La Petite École and follows the principles of the Privacy Act 1993. I agree to notify La Petite École as soon as possible of any changes to my circumstances as they arise.

I declare that the information I have provided in this enrolment form is true and Correct. I agree to pay the specified donation.

Parent/Guardian Name: _____

Parent Signature: _____

Date: _____

Office Use Only

Date Form received:	
Date Enrolment form entered on database:	
Comments:	