

## ENROLMENT FORM CHILD INFORMATION

Child's full name:		
Date of Birth:	(dd/mm/yy)	Gender: M/F (circle)
Nationality:	Country of origin:	
Mother tongue:	Second language:	
Language 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:		

## DROP-OFF AND COLLECTION OF CHILD

Please name the people who are authorised/not authorised to drop off and pick up your child (other than those stated above). For any changes please let the teachers know at the beginning of the session.

Name:	Name:
Phone:	Phone:
Relationship to child:	Relationship to child:
Authorised/Not authorised (Please circle)	Authorised/Not authorised (Please circle)

Alliance Française Christchurch / La Petite École / POBOX 650 Christchurch 8011

## MEDICAL INFORMATION

Is your child up to date with their immunisation record?	
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/No
I give permission for my child to participate in supervised play in the neighboring park and playground.	Yes/No
I give permission for the teachers to apply sun block on my child.	Yes/No
I give permission for my child to be given basic First Aid treatment by the teachers.	Yes/No
I give permission for my child to be photographed or film purely for educational purposes. All footage will remain within the framework of La Petite École.	Yes/No

## WHAT TO BRING

Please provide your child with morning tea, a healthy lunch and an afternoon tea (if he/she stays for the afternoon session) and a water bottle.

A sunhat is required from October to April. We also advise application of sun block during the summer months.

## WHAT WE NEED TO KNOW

If your child is on any medication. Please sign the medication register if medication is to be administered.

If your child contracts an infectious disease. Please do not bring them to La Petite École. If anybody other than yourself will be picking up your child at the end of the session. Please inform the teachers and reception.

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

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

Please see below information about sessions available from Term 4, 2017 and fees.

## RE-ENROLMENT PROCESS

The enrollment of your child will automatically be renewed at the end of each term for the following term, unless you notice a change to the manager via email ([enquiries@afchristchurch.org.nz](mailto:enquiries@afchristchurch.org.nz)) at least 2 weeks before the start of the following term. Without a 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 new price and/or new schedule.

## SESSION DETAILS

Days enrolled: (please circle)	Session times:
THURSDAY morning 275 Cashel Street	8.30 am to 12.30 pm
THURSDAY afternoon 275 Cashel street	12.30pm to 4.30pm

## SESSION TIMES

Session times are times on the premises. We cannot accept children before 8.30 am because teachers are setting up and completing administration requirements. Please allow plenty of time to collect your child as promptly as possible at 12.30 pm.

## FEES & PAYMENT TERMS

We require a \$30 fee per session for each child attending. If your child attend the 2 session (full day) the fee is \$50. We are a charitable organization and therefore we rely completely on the class fees to deliver a quality service. An invoice will be sent to you prior the start of the term and fees must be paid in full prior to your child's start date in order to secure their place at La Petite École. If you enroll two or more children from the same family, a 10% discount will be deducted to the oldest child's fee.

## REGISTRATION FEE

A \$30 one off registration fee will be invoiced when your child starts La Petite École in order to cover costs related to a new enrollment (administrative costs, folder...).

## AF MEMBERSHIP (OPTIONAL)

Families of children attending La Petite École may be registered with the Alliance Française Christchurch. The annual AF membership (\$40) will be added to each first invoice of the year. This will grant you and your children access to our library and online library.

## PAYMENT OPTIONS

### Direct deposit

Bank: ANZ

Account name: Alliance Française Christchurch

Account number: 117800 0068662 000

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

### Cheque

Please make cheques payable to Alliance Française Christchurch.

Post to: Alliance Française Christchurch, Administrator, POBOX 650, Christchurch 8011

## 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 speak with the Supervisor on site. If your issue is not resolved to your satisfaction, please contact the Manager at [enquiries@afchristchurch.org.nz](mailto:enquiries@afchristchurch.org.nz) Any serious issues must be address to the above in writing. We will endeavor to resolve any complaints in a timely and discrete manner.

## 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 Alliance Française Christchurch as soon as possible of any changes to my circumstances as they arise.

**I declare that the information I have provided in this enrollment 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:	