

★ **KINDERGARTEN** \_\_\_\_\_ **ENROLMENT NO** \_\_\_\_\_

**Address** \_\_\_\_\_

**Date of enrolment on waiting list**      Date of entry (PM) \_\_\_/\_\_\_/\_\_\_      Date of exit (PM) \_\_\_/\_\_\_/\_\_\_  
 Date of entry (AM) \_\_\_/\_\_\_/\_\_\_      Date of exit (AM) \_\_\_/\_\_\_/\_\_\_

★ **CHILD**

**First name(s)** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Usual address** \_\_\_\_\_ **Alternative address** \_\_\_\_\_

**Date of birth** \_\_\_/\_\_\_/\_\_\_      Birth certificate sighted **Yes / No** (Please circle)      **Male / Female** (Please circle)

★ **PARENT/GUARDIAN**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**Postcode** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Phone** Pvt \_\_\_\_\_ **Phone** Pvt \_\_\_\_\_

Bus \_\_\_\_\_ Bus \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

★ **EMERGENCY CONTACTS** (OTHER THAN THOSE ALREADY LISTED)

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Child's doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

★ **MEDICAL INFORMATION**

(Please record details of special health needs including allergies & any medication required)

I have filled out relevant medication forms **Yes / No** (Please circle)

Immunisation certificate sighted by a teacher **Yes / No** (Please circle)

Fully immunised **Yes / No** (Please circle)

★ **COLLECTION**

Only those persons named below will be **allowed** by staff to collect my child from the kindergarten (unless special arrangements are made): In an emergency these people and those identified on page 1 will be allowed to pick up my child.

Full name	Phone	Relationship to your child

★ **FORBIDDEN ACCESS**

Names of any person expressly **forbidden** by law to have access to my child (a copy of the legal document pertaining to this must be provided).

Name(s)	Document number	Staff initials

★ **OTHER IMPORTANT INFORMATION**

Information required by the Ministry of Education for statistical purposes. Ethnic origin of child (please tick)

- |   |  |  |
|---|--|--|
| <input type="radio"/> NZ European/Pakeha    | <input type="radio"/> Other European (e.g. British, Greek) | <input type="radio"/> NZ Maori                                     |
| <input type="radio"/> Tongan                | <input type="radio"/> Niuean                               | <input type="radio"/> Tokelauan                                    |
| <input type="radio"/> Cook Islands Maori    | <input type="radio"/> Fijian                               | <input type="radio"/> Samoan                                       |
| <input type="radio"/> Other Pacific peoples | <input type="radio"/> South East Asian (e.g. Vietnamese)   | <input type="radio"/> Indian                                       |
| <input type="radio"/> Chinese               | <input type="radio"/> Other Asian (e.g. Japanese, Korean)  | <input type="radio"/> Other (e.g. South American, African, M/East) |

★ **LANGUAGE**

Language(s) spoken in the home \_\_\_\_\_

If your child identifies as Maori, please enter the name(s) of her/his iwi.  
 You may enter more than one iwi. If you do not know the iwi, please enter "Don't know."

Iwi \_\_\_\_\_ Rohe (iwi home area) \_\_\_\_\_

Iwi \_\_\_\_\_ Rohe (iwi home area) \_\_\_\_\_

★ **OTHER INFORMATION**

**Please circle either yes or no in response to these statements**

(Please notify the staff immediately if there are any changes to these details)

- **Yes / No** I understand that staff are responsible for this child only during session times and that I am responsible for seeing that this child gets to and from the Kindergarten safely with people aged 14 years or over.
- **Yes / No** I understand that I will be required to give written consent for any excursion in which this child is required to travel by motor vehicle.
- **Yes / No** I give permission for this child to be taken by staff for walks in the vicinity of the kindergarten. I have read and understood the excursion policy. \_\_\_\_\_ (Initial)
- **Yes / No** I give permission for my telephone number and/or address to be made available to the kindergarten committee for fundraising purposes.
- **Yes / No** I give permission for my child to have access to the internet, supervised by teachers.
- **Yes / No** I agree to my child using or being involved with the use of ICT as part of the learning environment.
- **Yes / No** I give permission for kindergarten teachers to give this child's name and date of birth to the school he/she will attend. School \_\_\_\_\_
- **Yes / No** I give permission for this child's name to be published in kindergarten newsletters.
- **Yes / No** I give permission for this child's photo to be published in kindergarten newsletters.
- **Yes / No** I give permission for this child to be photographed/videoed at Kindergarten.
- **Yes / No** I give permission for any such photograph/video to be used for publicity purposes.
- **Yes / No** I give permission for staff to apply basic first aid to this child and to change her/his soiled or wet clothing when necessary.
- **Yes / No** I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation.
- **Yes / No** I understand this child could be taken to an alternative emergency location, e.g. civil defence centre, in the event of an emergency.
- **Yes / No** I give permission for teachers to apply sunscreen to my child when necessary. (This only applies to children attending 6 hour sessions).

**Special requirements in respect of my child are** \_\_\_\_\_

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**Please specify if any agency(s) has been involved with your family** (e.g. GSE, CYFs, Barnados)

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### ★ 20 HOURS ECE DETAILS

Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this kindergarten?

**Yes / No** (Please circle)

Is your child receiving 20 Hours ECE at any other service? **Yes / No** (Please circle)

**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 section.

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

I have agreed to pay the following fee for hours my child is at kindergarten that is not covered by the 20 Hours ECE \$ 1 per hour plus GST

**Please send invoice to** \_\_\_\_\_ Fees cannot be charged for 20 Hours ECE.

My payment option is **WEEKLY / MONTHLY / TERMLY** (please circle)

I understand that any fees unpaid when my child leaves kindergarten will be subject to debt collection procedures and associated costs will be met by me.

### ★ OPTIONAL CHARGES

**The optional charge is for things such as visits from resource people, portfolios/profiles, excursions, sunscreen, clothing (e.g. sunhats).**

- I understand that if I agree to pay for the optional charge, the kindergarten may enforce payment.
- The agreement to pay the optional charge will last for the time your child attends the kindergarten.
- The rules about making changes to the agreement are: Either party may initiate a change to the agreement but both parties must agree to the changes.
- I understand that optional charge is not compulsory and if I choose not to pay there will be no penalty.
- **I agree / do not agree** (please circle) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

### ★ STATUTORY HOLIDAYS / TERM BREAKS

This enrolment agreement is exclusive of school term breaks.

### ★ DUAL ENROLMENT DECLARATION

I hereby declare that my child is not enrolled in another early childhood institution at the same time that he/she is enrolled at \_\_\_\_\_

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

★ **ENROLMENT DAYS/TIMES**

**Please note** 20 Hours ECE is for up to **6 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 (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times Enrolled						

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

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

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

★ **CHANGE OF ENROLMENT DAYS/TIMES**

Days Enrolled (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times Enrolled						

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

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

Days Enrolled (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times Enrolled						

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

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

Days Enrolled (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times Enrolled						

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

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

Days Enrolled (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times Enrolled						

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

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

★ **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 Ruahine Kindergartens, I declare that this form has been checked and all relevant sections have been completed.

**Service Provider Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

★ **PRIVACY STATEMENT**

All personal information on your child will be kept securely and remain confidential.  
Any changes to this form must be signed and dated by the parent/guardian.