

# Enrolment Form

CONFIDENTIAL

Ruahine  
**Kindergartens**  
Inspiring Young Minds

All personal information about your child will be stored securely and remain confidential at all times.

OFFICE  
USE

Kindergarten:

Enrolment Number:

Child's Full Name:

Enrolment Date:

Start Date:

Leaving Date:

Ministry of Education Regulations require us to collect this information for each child on the waiting list or attending our Kindergarten. Please ask any member of the teaching team if you need help with any part of this form. Thank you.

CHOICES

Have you put your child on the waiting list at any other Kindergarten?  Yes  No

If YES, please list the names of the other Kindergartens:

YOUR CHILD'S DETAILS

Child's First Name(s):

Child's Surname:

Date of Birth: / / Birth Certificate Sighted?  Yes  No  Boy  Girl

Usual Home Address:

Alternative Address:

Change of Address:

Which ethnic group does your child belong to? (e.g. Maori, New Zealand European, Samoan, etc). You may give more than one answer:

If you have identified your child as Maori, please enter the name of his/her iwi. You may enter more than one iwi. If you don't know the iwi, please write "don't know".

Iwi:

Rohe (iwi home area):

Iwi:

Rohe (iwi home area):

Iwi:

Rohe (iwi home area):

What is the main language spoken at home?

What place in the family is your child? (e.g. 1st, 2nd, 3rd)

YOUR DETAILS

1. Parent/Guardian Name:

Mr  Mrs  Miss  Ms  Dr

Address:

Relationship to Child:

Home Telephone:

Work Telephone:

Mobile Telephone:

Email:

Allowed to collect?  Yes  No

Receive communication via email?  Yes  No

3. Parent/Guardian Name:

Mr  Mrs  Miss  Ms  Dr

Address:

Relationship to Child:

Home Telephone:

Work Telephone:

Mobile Telephone:

Email:

Allowed to collect?  Yes  No

Receive communication via email?  Yes  No

2. Parent/Guardian Name:

Mr  Mrs  Miss  Ms  Dr

Address:

Relationship to Child:

Home Telephone:

Work Telephone:

Mobile Telephone:

Email:

Allowed to collect?  Yes  No

Receive communication via email?  Yes  No

4. Parent/Guardian Name:

Mr  Mrs  Miss  Ms  Dr

Address:

Relationship to Child:

Home Telephone:

Work Telephone:

Mobile Telephone:

Email:

Allowed to collect?  Yes  No

Receive communication via email?  Yes  No

CAREGIVER DETAILS

1. Caregiver Name: \_\_\_\_\_  
 Mr  Mrs  Miss  Ms  Dr  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
 Mobile Telephone: \_\_\_\_\_  
 Allowed to collect?  Yes  No

2. Caregiver Name: \_\_\_\_\_  
 Mr  Mrs  Miss  Ms  Dr  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
 Mobile Telephone: \_\_\_\_\_  
 Allowed to collect?  Yes  No

EMERGENCY CONTACTS

Please tell us who we should contact in an emergency **if you are not available**:  
 Emergency Contact Name: \_\_\_\_\_  
 Mr  Mrs  Miss  Ms  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
 Mobile Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
 Mr  Mrs  Miss  Ms  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
 Mobile Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

COLLECTION

Please list below the names of all persons who will be **allowed** by staff to collect your child from Kindergarten (unless special arrangements are made). In an emergency, those people identified above in Emergency Contacts will be allowed to collect your child.

Full Name	Telephone/Mobile	Relationship to Child

FORBIDDEN ACCESS

Please list below the names of any persons expressly **forbidden** by law to have access to your child (a copy of the legal document pertaining to this must be provided).

Full Name	Legal Document Number	Staff Initials

MEDICAL DETAILS

**Your child's safety is important to us. Please complete the medical details below to help us provide the best care for your child.**

Allergies: \_\_\_\_\_  
 Special diet, e.g. vegan: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_  
 Medical Centre Name and Address: \_\_\_\_\_  
 Medical Centre Telephone: \_\_\_\_\_  
 Does your child have any special health needs or medication requirements?  Yes  No  
 If YES, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 Relevant medical forms completed and signed?  Yes  No  
 Immunisation certificate sighted by a teacher?  Yes  No    15 month immunisations completed?  Yes  No  
 48 month immunisations completed?  Yes  No

MEDICAL DECLARATION

I understand that I am to show my child's Immunisation Certificate to a teacher.  
 OR I have chosen not to have my child immunised.  
 I give permission for staff to apply basic first aid to my child and to change his/her soiled or wet clothing as necessary.  
 I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation.  
 Name of Parent/Guardian signing this Medical Declaration: \_\_\_\_\_  
**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

**To be completed by the Parent/Guardian. Please read and indicate your agreement, or otherwise, with the statements below:**

- I understand that the Kindergarten teachers are responsible for my child only during Kindergarten sessions.  
I am responsible for seeing that my child gets safely to and from Kindergarten, accompanied by a person who must be **aged 14 years or older**.  Yes  No
- I give permission for my child to go for walks with the staff in the area around the Kindergarten. I understand that the ratio for these outings will be 1 adult to 6 children.  Yes  No
- I have read, understood and agree to the Kindergarten's Excursion Policy. I understand that I need to give written approval for any time my child has to travel for a trip or excursion.  Yes  No
- I give permission for my child to be photographed or videoed at the Kindergarten for learning-related purposes.  Yes  No
- I give permission for my child's name and any such photograph or video to be used for publicity purposes, including the Kindergarten's or Association's website and newsletter.  Yes  No
- I give permission for samples of my child's work to be used in displays, either at the Kindergarten or in the community.  Yes  No
- I agree to my child using or being involved with the use of ICT, including supervised internet usage, as part of the learning environment.  Yes  No
- I give permission for my details to be shared with the Kindergarten Committee for fundraising purposes, and to enable communication about Kindergarten or community events.  Yes  No
- I give permission for my child's name and date of birth to be given to the school he/she will be attending.  Yes  No
- I understand my child might be taken to an alternative location during an emergency situation. This might be a local Civil Defence Welfare Centre or other safe place.  Yes  No
- I give permission for teachers to apply sunscreen to my child when necessary (this only applies to children attending a six hour session).  Yes  No
- I understand that my child's portfolio/profile document will be accessible to my child and my family. I confirm that I respect the confidentiality of other children's documents.  Yes  No

*Please notify a teacher immediately if there are any changes to these details in the future.*

**Signed by Parent/Guardian:**

**Date:**

## UNDER THREES

**To be completed by the Parent/Guardian. Please read and indicate your agreement, or otherwise, with the statements below:**

If your child is UNDER 3 YEARS OF AGE at the time of starting Kindergarten, will you be using any of their 20 hours ECE after their 3rd birthday?  Yes  No

If YES, please ensure the "Change of Enrolment Days/Times" section of this Enrolment form is completed and signed, with effect from the date your child turns 3 years of age. This needs to show the change in hours.

## FEES CONTRACT DECLARATION

**To be completed by the Parent/Guardian. Please read and indicate your agreement with the statements below:**

- Families who are not using all or any of their 20 hours ECE at Kindergarten will be asked to pay a fee for each hour of attendance that is not attested for the Ministry of Education 20 hours ECE rate.
- I have read a copy of the Parent Information Booklet, which explains Kindergarten fees, funding and attendance requirements.
- I have read, understood and signed the Terms of Trade: Hourly Fees document, and agree to pay any fees arising from my child's enrolment at Kindergarten. I understand fees are due monthly, and that the preferred method of payment is Automatic Payment.
- I acknowledge that the costs of debt collection may be added to any unpaid fees.

**Signed by Parent/Guardian:**

**Date:**

## OPTIONAL CHARGES AGREEMENT

**To be completed by the Parent/Guardian. Please read and indicate your agreement, or otherwise, with the statements below:**

Optional charges may be made for things such as visits from resource people, portfolio/profile books, excursions, sunscreen, clothing (e.g. sunhats), etc.

- I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
- 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 my child attends the Kindergarten.
- I AGREE / DO NOT AGREE (*please cross out one option*) to pay the optional charges, as necessary, as a contribution towards such activities/items as listed above.

**Signed by Parent/Guardian:**

**Date:**

**To be completed by the Parent/Guardian:**

Effective Date:

**PLEASE NOTE:** 20 hours ECE is for up to **six hours per day**, up to **20 hours per week**. 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:
Time Enrolled						

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours:
20 hours ECE at this service:						
20 hours ECE at another service:						

 Conditional Enrolment - child has conditional hours as per the attached "Notification of a Conditional Enrolment Agreement" form.
**Statutory Holidays/Term Breaks:**

This enrolment agreement is exclusive of term breaks. Please ask your teaching team for a copy of our term dates.

**Changes to Enrolment Agreement:**Any changes to this agreement **must** be confirmed by the Parent/Guardian. The "**Change of Enrolments Days/Times**" section of this form must be completed and signed by the Parent/Guardian EACH time the enrolment agreement changes.**Signed by Parent/Guardian:****Date:****To be completed by the Parent/Guardian:**Is your child receiving 20 hours ECE for up to six hours per day, 20 hours per week at this Kindergarten?  Yes  NoIs your child receiving 20 hours ECE at any other service(s)?  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 Kindergarten providing relevant information to the Ministry of Education, and to other early childhood services your child is enrolled at, about the information contained in this section.

**Signed by Parent/Guardian:****Date:****To be completed by the Parent/Guardian:**

I hereby declare that my child is not enrolled at another early childhood service at the same times he or she is enrolled at this Kindergarten.

**Signed by Parent/Guardian:****Date:****To be completed by the Parent/Guardian:**

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

**Signed by Parent/Guardian:****Date:****For completion by Kindergarten teacher:**Immunisation certificate sighted and entered on the Immunisation Record?  15 months  4 yearsBirth certificate sighted?  Yes  NoTerms of Trade: Hourly Fees form signed by the parent/guardian?  Yes  NoCopy of any required legal documents placed on file?  N/A  Yes  NoContact and emergency details checked on commencement?  Yes  No

On behalf of this Kindergarten, I declare that this form has been checked and all relevant sections have been completed.

**Signed on behalf of the Kindergarten:****Date:**

**Child's Full Name:**

Any changes to this agreement **must** be confirmed by the Parent/Guardian. The "**Change of Enrolments Days/Times**" section of this form must be completed and signed by the Parent/Guardian EACH time the enrolment agreement changes.

Effective Date:

Days Enrolled (please circle):	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours:
Time Enrolled						
20 hours ECE at this service:						
20 hours ECE at another service:						

Conditional Enrolment - child has conditional hours as per the attached "Notification of a Conditional Enrolment Agreement" form.

**Signed by Parent/Guardian:**

**Date:**

Effective Date:

Days Enrolled (please circle):	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours:
Time Enrolled						
20 hours ECE at this service:						
20 hours ECE at another service:						

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**Date:**

Effective Date:

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**Date:**

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Time Enrolled						
20 hours ECE at this service:						
20 hours ECE at another service:						

Conditional Enrolment - child has conditional hours as per the attached "Notification of a Conditional Enrolment Agreement" form.

**Signed by Parent/Guardian:**

**Date:**

