

# Enrolment Agreement Form



<b>Child:</b>	
Child's official <b>SURNAME</b> or family name:	
Child's official given name:	
Child's official other names/middle names:	
Name your child is known by/preferred name: _____	
Child's date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's home address or addresses:	
Postcode	
Ethnic origin:	Citizenship: New Zealander or _____
Iwi your child belongs to:	Language/s spoken at home:
<b>Official Identification Document:</b> (Please provide verifications of Identification)	
<input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign passport <input type="checkbox"/> other: _____      Staff initials: _____	
<b>Parents / Guardians:</b>	
First Name:	First Name:
Surname:	Surname:
<i>Relationship to child:</i>	<i>Relationship to child:</i>
Address (if different to above):	Address (if different to above):
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Occupation:	Occupation:
<b>Emergency Contact (different to above please):</b>	
Names:	Names:
<i>Relationship to child:</i>	<i>Relationship to child:</i>
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
<b>Doctor:</b>	
Name:	Phone:
Address:	

## 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.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:

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

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of 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? | <i>Tick One</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is your child receiving 20 Hours ECE at any other services?  | <i>Tick One</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

## Charges:

There is a \$25.00 Administration Fee per term

1. The optional charge is for:

- \$6.00 per session or \$12.00 per day Quality Charge so Kindergarten is able to offer the current level of qualified teachers which exceeds the regulatory requirements

2. I understand that if I agree to pay for the optional charge, Kaurilands Kindergarten may enforce payment.

3. The agreement for the optional charge will last for the duration of your child's enrolment.

4. The rules about making changes to the agreement are:

- All changes will be discussed and minuted at a committee meeting
- All parents will be given the opportunity to voice their concerns/suggestions

5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I agree / I do not agree (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form

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: Kaurilands Kindergarten

Parent/Guardian Signature: \_\_\_\_\_

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

## 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:

### Person/s who can pick up your child (in addition to parents/guardians and emergency contacts on page 1 ):

First Names:

First Names:

*Relationship to child:*

*Relationship to child:*

Surname:

Surname:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

## Health

Illness/allergies:

Are there any foods your child is not allowed:

Is your child up-to-date with immunisations?  
(Please provide verifications of all immunisations)

Tick One Yes  No

(For staff) Immunisations record sighted and details recorded:

Tick One Yes  No

## Medicine

### Category (i) Medicines

A category (i) medicine is a non-prescription preparation 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.

Kaurilands Kindy uses Arnica Cream for bruises/sprains and Antihistamine for the relief from insect bites/stings

Do you approve category (i) medicines to be used on your child?

Tick One Yes  No

Parent/Guardian Signature: \_\_\_\_\_

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

### 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.

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 on-going condition such as asthma or eczema etc and is for the use of that child only

Individual health plan completed and signed:

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)

Parent/Guardian Signature: \_\_\_\_\_

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

▪ **Policy Statement:** Kaurilands Kindergarten has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.

▪ **Enrolment Pack:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you.

▪ **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).

• I/we give consent for my child to be examined and if necessary treated by a medical practitioner in my absence in case of emergency?

Yes / No

• I/we give consent for my child to go outside when practicing the fire drill and to go for walks on the fields that surround the centre, visit to local schools (Glen Eden Intermediate, Kaurilands Primary) (Written permission is sought for all other trips e.g. public transport).

Yes / No

• While we ensure the information contained in the child's portfolio respects confidentiality we do require you to give your permission for your child's portfolio to be stored where others could view it.

Yes / No

• I/we give consent for photo's/video to be taken of my child/ren for the purpose of assessments, planning and evaluations

Yes / No

• I/we give consent for my child's photos and learning stories to be displayed

Yes / No

• I/we have sighted and are aware of the potential hazards within the kindergarten environment.

Yes / No

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

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

• I/we agree to become a member of the Kaurilands Kindergarten Incorporated and for my child to be enrolled at the centre. I/we will abide by the rules and constitution of the society and have read the conditions set down in the parent's information book.

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

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

**Parent Declaration**

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

Parent/Guardian Signature: \_\_\_\_\_

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

**Service Declaration (staff use only)**

On Behalf of Kaurilands Kindergarten, 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	
Times Enrolled:						Total

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

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

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

Parent/Guardian Signature: \_\_\_\_\_

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

## HAZARDS PROCEDURE

Reference: Education (Early Childhood Services) Regulations 2008 Regulation 46 HS12

**Purpose:** To ensure that any potential hazards within the Kindergarten environment are identified, documented and communicated to any persons who could be at risk from these hazards.

**Procedure:**

- The Kindergarten will keep a hazard register. All hazards will be identified, eliminated, and isolated. If a hazard cannot be eliminated or isolated, the effects of the hazard will be minimised and managed.
- The building is owned by the Auckland Council and the Kindergarten will ensure that the building has a current warrant of fitness and will keep a record of all building compliance schedule checks and maintenance checks.
- All hazards, incidents or accidents to be reported to management.  
Potential hazards include:
  - \* Asbestos in outside cladding
  - \* Every day incidents such as slipping, tripping, etc.

## HOW DID YOU HEAR ABOUT KAURILANDS KINDY?

Word of mouth  Website  Facebook  Road Sign  Google Search

other \_\_\_\_\_

## FACEBOOK PERMISSION

I give permission for photographs of my child to be published on the Kaurilands Kindergarten Facebook closed group page.

I understand that this site is a forum to keep Kaurilands Kindergarten parents/caregivers informed and up to date with any events that are happening at Kindy.

I am aware that Mary Day (Office Manager) and Lynette Watkins (Asst Head Teacher) are the only two operators of this site and therefore are the only people who can publish photos.

I understand that I can withdraw my permission at any time.

Full name of child: \_\_\_\_\_

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

## STUDENT TEACHERS

Student teachers regularly attend our centre as part of their Early Childhood studies. Student teachers occasionally take photos of our children's learning and request that permission is given for your child's photos to be included in their course work. This remains confidential to the student and their visiting lecturer.

Full name of child: \_\_\_\_\_

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