



Kaitiaki Kindergartens

Enrolment Agreement – Holiday Programme

Location: (please indicate) Albany Kindergarten Browns Bay Taiaotea Kindergarten
 Torbay Kindergarten Orewa Beach Kindergarten

Child's details:		
Child's official surname or family name:		
Child's official given name :		
Child's official other names / middle names : (please separate names with a comma):		
Name your child is known by / preferred name:		
Surname / family name:		Given name:
Copy of official identity verification document* collected by staff:		
<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: _____
Child's date of birth: d d / m m / y y y y		Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
Child's primary residential address: _____ _____		
Payment of \$25 Booking Fee: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Internet Banking		
Please make payments to Northern Auckland Free Kindergarten Association T/A Kaitiaki Kindergartens: ASB Limited 12-3008-0284611-51		
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: www.kaitiakikindergartens.org.nz on the kindergartens page.		
* Information about acceptable identity verification documents and the National Student Number is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents The Ministry recommends that all services keep a copy of the identity verification document.		

Parent / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code :	Post Code :
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
Email newsletter <input type="checkbox"/> Email Statement <input type="checkbox"/>	Email newsletter <input type="checkbox"/> Email Statement <input type="checkbox"/>

Emergency Contacts and/or additional person/s who can pick up your child:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code :	Post Code :
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:
Emergency Contact <input type="checkbox"/> Allowed to collect <input type="checkbox"/>	Emergency Contact <input type="checkbox"/> Allowed to collect <input type="checkbox"/>
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code :	Post Code :
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:
Emergency Contact <input type="checkbox"/> Allowed to collect <input type="checkbox"/>	Emergency Contact <input type="checkbox"/> Allowed to collect <input type="checkbox"/>

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 <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health:	
Illness/allergies:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

Medicine:	
Category (i) Medicines	
A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment, and sunscreen) 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.	
Do you approve category (i) medicines to be used on your child?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
▪ <i>Please list here</i>	▪
▪	▪
Parent/Guardian Signature: _____	Date: ____/____/____

Prescription Medicines:
If your child requires medication for a specific period of time or as part of an individual health plan you will need to complete a "Request To Administer Medication" form. Please request a form from your Head Teacher or Kindergarten administrator.

Enrolment Details:	
Date of Enrolment: ____/____/____ Date of Entry: ____/____/____ Date of Exit: ____/____/____	
<u>PLEASE NOTE:</u> This enrolment agreement is INCLUSIVE of school term breaks for Kindergartens offering a Holiday Programme.	
Does your child regularly attend a kindergarten or an ECE service?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of kindergarten or ECE service:	

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 Kindergarten?
Tick One Yes No

2. Is your child receiving 20 Hours ECE at any other services?
Tick One 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 and if necessary, to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to Northern Auckland Free Kindergarten Association T/A Kaitiaki Kindergartens 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.

3. I have read a copy of the Fee Policy and agree to pay any fees, donations and optional charges arising from my child's enrolment including any fees arising from the use of unattested hours at this Kindergarten.

4. I elect to pay any fees, donations, and optional charges on the following basis:
 Automatic Payment Internet Banking Cheque Cash

Parent/Guardian Signature: _____ Date: ____/____/____

TERM BREAK HOLIDAY PROGRAMME TIMETABLE CONFIRMATION

Timetable: Week 1 Effective: 30th September to 4th October 2019

Days Enrolled:	Monday 8:30am-2:30pm	Tuesday 8:30am-2:30pm	Wednesday 8:30am-2:30pm	Thursday 8:30am-2:30pm	Friday 8:30am-2:30pm	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below. Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week**. There **are no** compulsory fees when a child is receiving 20 Hours ECE funding.

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

Parent/Guardian Signature: _____ Date: ____/____/____

Timetable: Week 2 Effective: 7th July to 11th October 2019

Days Enrolled:	Monday 8:30am-2:30pm	Tuesday 8:30am-2:30pm	Wednesday 8:30am-2:30pm	Thursday 8:30am-2:30pm	Friday 8:30am-2:30pm	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below. Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week**. There **are no** compulsory fees for the hours a child is receiving 20 Hours ECE funding.

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

Parent/Guardian Signature: _____ Date: ____/____/____

Signature: _____

Dual Enrolment Declaration

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

Parent/Guardian Signature: _____

Date: ____/____/____

General Consent

1. I understand that the teachers are responsible for my child only during kindergarten hours. I agree to adhere to the hours of my child's enrolment.

Yes / No

2. I give permission for my child to take part in regular walking excursions (under the conditions stated in the excursions policy).

Yes / No

3. I give permission for my child to be photographed / videoed for the purposes of assessment, planning and evaluation.

Yes / No

4. I give permission for any photographs / video referred to above to be posted on social media (Facebook/blogs etc) (under the conditions stated in the social media/communications policies).

Yes / No

5. I give permission for any photographs / video referred to above to be used for publicity purposes for the kindergarten or the Association.

Yes / No

6. I give permission for my child's name to be published in Kindergarten newsletters.

Yes / No

7. I give permission for Kindergarten teachers to give my child's name, date of birth, parent name and contact details to the school they will attend.

Yes / No

8. I give permission for teachers to change my child's soiled or wet clothing when necessary.

Yes / No

9. I give permission for my name and contact details to be made available to the committee.

Yes / No

Parent Declaration

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

Parent/Guardian Signature: _____

Date: ____/____/____

Kindergarten Declaration

On behalf of Northern Auckland Kindergarten Association T/A Kaitiaki Kindergartens, I declare that this form has been checked and all relevant sections have been completed.

Kindergarten Signature: _____

Date: ____/____/____