

Enrolment Agreement Form



Gisborne Kindergarten
Association Inc.

Kindergarten MOE:

DOB:

Admin. No:

Date of Enrolment:

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 names:

Surname/Family name:

Given name:

Child's date of Birth:

Male

Female

Copy of official identity verification document collected by staff:

New Zealand birth certificate Foreign birth certificate

New Zealand passport Foreign Passport

Staff initials:

Child's Usual (primary residential) Address:

Change of Address:

Postcode:

Child's ETHNIC origin/s:

Language/s spoken at home:

Iwi your child belongs to:

**Does your child have special learning needs?
please give details**

Do you know which school will your child be attending?

Privacy Statement:

We are collecting personal information 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.minedu.govt.nz/parents.

PARENT, GUARDIAN & CAREGIVER DETAILS:			
Parent/Guardian Name:		Parent/Guardian Name:	
Occupation:		Occupation:	
Address:		Address:	
Postcode:		Postcode:	
Phone Numbers	Home	Phone Numbers	Home
	Work		Work
	Mobile		Mobile
	Email		Email
Child lives with:			
Caregivers name:		Phone Numbers	Home
Address:			Mobile
<p>Additional person/s who can pick up your child: Only people you name below will be able to collect your child from the Kindergarten. If someone else is collecting your child, you must let the teachers know. Parents don't need to put their own name here as they are automatically authorised, unless forbidden through custody notification.</p>			
Given names:		Given names:	
Surname / family name:		Surname / family name:	
Address:		Address:	
Post Code:		Post Code:	
RELATIONSHIP/s to CHILD(e.g. caregiver/nanny/ aunt):			
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	

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)	
<p>PERSON/S WHO CANNOT COLLECT YOUR CHILD: Is there anyone who is NOT ALLOWED BY LAW to have access to your child? You will need to give us a copy of a legal document as proof. Please list their names below. <i>Please attach a photo as well.</i></p>	
Name:	Name:
Name:	Name:
Signed as Sighted by Head Teacher:	

Additional Emergency Contacts (also able to pick up child): this is for medical or civil defence emergencies.

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:

Dual enrolment Declaration

I hereby declare that my child is /is not enrolled in another Early Childhood Institution at the same times that he/she is enrolled atKindergarten.

PARENT/GUARDIAN SIGNATURE _____ Date: ____ / ____ / ____

◆ Enrolment Details: (to be completed & signed by parent/caregiver when child starts, or when there is a change to the agreed days of attendance.)

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 hours:

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

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total 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?

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 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: ____ / ____ / ____

Statutory Holidays/Term Breaks:

This enrolment agreement is *exclusive* of school term breaks.

Optional Charges:

We do not have Optional Charges.

Fees:

I have agreed to pay the following **Fees**:

\$1 per hour for the time enrolled not allocated to 20 Hours ECE.

Signed: _____

Policy:

The **Gisborne Kindergarten Association** 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 reviews.

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

You may also need to fill in a Medicine form attached to our Medication Policy.

<p>MEDICAL DETAILS</p> <p>Child's Doctor's Name:</p> <p>Medical Centre:</p> <p>Phone:</p>	<p>Does your child have any special health needs including illness, allergies and medication requirements?</p> <p>If YES – please explain</p>
<p>Name any specialist care your child is involved in or receiving (e.g. grommets, paediatrician)</p>	
<p>Is your child up to date with immunisation? Yes No</p> <p><i>(Please provide verification of all immunisations)</i></p> <p><i>Kindergarten Staff use only -</i></p> <p><i>Immunisation form has been sighted and details recorded:</i> Yes No</p>	

◆ 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 [insert name of service], I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____/____/____

PARENT/GUARDIAN/CAREGIVER – Statement of Understanding

These agreements must be signed before the child starts at Kindergarten

1. I understand that the teachers are only responsible for this child during Kindergarten sessions. I am responsible for seeing that this child gets safely to and from Kindergarten	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. I understand that I will need to give written approval for any time this child has to travel for a trip or Excursion.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. I give permission for this child to go for walks with the teachers in the area around the Kindergarten, I understand that the ratio for these outings will be 1 adult to 4 children	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. I understand this child's portfolio will be accessible to them & their family/whanau I confirm that I will respect the confidentiality of other children's documentation	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. I give permission for my details to be given to the Kindergarten Committee for fundraising purposes	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. I give permission for this child's name and date of birth to be given to the school he/she will be attending	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I give permission for samples of this child's work to be used in displays – at the Kindergarten or in the community	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. I give permission for any such photograph or video to be used for publicity purposes	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. The Public Health Unit undertakes standard hearing, vision and health checks, I give permission to these to be carried out on this child and for the results to be discussed with this child's teacher if necessary.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. I give permission for the teachers to apply basic first aid, sunscreen and insect repellent products to this child, and to change her/his soiled or wet clothing when necessary	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. I give permission for teachers to obtain medical treatment for this child in an emergency and I accept responsibility for the expenses incurred	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.. I understand this child will be taken to an alternative location during an emergency. This might be a local civil defence centre or another safe place.	<input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNED BY PARENT/GUARDIAN _____

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: ____ / ____ / ____						
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: ____ / ____ / ____						
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: / /						

Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) 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.

Note: The service must provide specific information about the category (i) preparations that will be used.

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

Tick One

Yes

No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

▪

▪

▪

▪

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.

I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

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.

For staff: Individual health plan sighted and a copy taken:

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: ____ / ____ / ____