



Rimutaka Kindergarten Association
Te Putahi Kura Puhou o Rimutaka

ENROLMENT AGREEMENT FORM

HERETAUNGA KINDERGARTEN

CONFIDENTIAL

*This page must be completed for entry onto the Waiting List.
The other pages must be completed at the time of admission. This is to ensure information is up to date.*

To be completed by a member of the Teaching Team

Date of Enrolment ____ / ____ / ____ Date of Entry ____ / ____ / ____ Date of Exit ____ / ____ / ____

CHILD'S DETAILS

Child's First Name(s) Surname.....

Name your child is known by.....

Date of Birth: ____ / ____ / ____
 Day Month Year

Male Female

Child's Home Address:
.....

Change of Address:

PARENT / GUARDIAN / CAREGIVER DETAILS

Name Name

Address (if different from child's) Address (if different from child's).....

Relationship to Child..... Relationship to Child.....

Daytime Phone Daytime Phone.....

Evening Phone..... Evening Phone.....

Mobile Mobile

Email..... Email.....

How do we contact you in an emergency?

Does your child have any special health needs, illness or medication requirements? Yes No

If "YES" – please provide details of the illness/condition, and any action to be followed in relation to that illness/condition:

.....
.....
.....

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

ENROLMENT DETAILS – To be completed at time of admission

MEDICAL DETAILS:

Doctor's Name: Phone No:

Allergies:

Special Diet:

Immunisation Certificate sighted? Yes No If yes, Teachers signature

Ministry of Education regulations require us to collect this information for each child at kindergarten.

Which ETHNIC group does your child belong to? (eg Maori, Samoan, Dutch etc). You may enter more than one group.

If you have identified this child as Maori, please enter the name(s) of his/her 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)

Language spoken at home.....

EMERGENCY DETAILS: Please tell us who we should contact in an emergency or if you are not available

Name Name

Address Address

Daytime Phone Daytime Phone.....

Evening Phone..... Evening Phone.....

Mobile Mobile

Relationship to Child..... Relationship to Child.....

WHO CAN COLLECT YOUR CHILD? Please list below the details of the people who are allowed to collect your child from Heretaunga Kindergarten.

NAME	PHONE	RELATIONSHIP
.....
.....
.....

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.....

School child is likely to attend.....

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

- I understand that the teachers are responsible for this child only during enrolment times. Yes No
I am responsible for seeing that this child gets safely to and from kindergarten.
- I understand that I will need to give written approval for any time this child has to travel for a trip or excursion Yes No
I give permission for this child to go for walks with the staff in the area around the kindergarten. Yes No
I understand that the ratio for these outings will be 1 adult to 4 children.
- I give permission for this child to be photographed or videoed at the kindergarten and I understand that other families will have access to these. Yes No
I give permission for any such photograph or video to be used for publicity purposes Yes No
I give permission for my details to be given to the committee for fundraising purposes Yes No
I give permission for this child's name and date of birth to be given to the school he/she will be attending Yes No
I give permission for staff to apply non –prescription, non ingested basic first aid (such as arnica cream, antiseptic liquid, insect bite treatment spray etc) and sunscreen products to this child Yes No
I give permission for staff to change this child's soiled or wet clothing when necessary. Yes No
I give permission for this child's name to be published in kindergarten newsletters Yes No
I have read the Sleeping Policy and seen the sleeping/rest facilities Yes No
I agree for my child to be involved in the use of ICT including use of the internet as part of the learning environment Yes No
I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation.
I understand this child will be taken to an alternative emergency location, e.g. civil defence centre in the event of an emergency.

Parent/Guardian Signature: **Date:** _____ / _____ / _____

20 HOURS ECE ATTESTATION AGREEMENT:

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:** _____ / _____ / _____

I have read a copy of the **How to use your 20 ECE Hours at Kindergarten** brochure which explains the Kindergarten Fee Policy and agree to pay any fees arising from this child's enrolment at Kindergarten.

Parent/Guardian Signature: **Date:** _____ / _____ / _____

OPTIONAL CHARGES

1. The optional charge is for:
- Excursions
 - Portfolios
 - Entertainers that are brought into kindergarten
2. I understand that if I agree to pay for the optional charge, the teaching staff at Heretaunga Kindergarten may enforce payment.
3. The agreement to pay the optional charge will be reviewed annually. A reminder will be posted in the kindergarten newsletter
4. The rules about making changes to the agreement:
Consultation must be carried out between teachers, parents or guardians
If parents / guardians opt out of paying Optional charges there will be no financial penalty
5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
However, if a parent does not agree to pay these charges, the kindergarten can withhold these additional activities or items.
6. I agree/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 not enrolled at another childhood institution at the same times that he/she is enrolled at Heretaunga Kindergarten

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

TERM BREAKS / STATUTORY HOLIDAYS

This enrolment agreement is exclusive of school term breaks

ENROLMENT DETAILS

Enrolment Times: AM Session: Monday to Friday - 8.15am to 12.30pm
PM Session: Monday, Tuesday, Thursday – 1.30 to 3.30pm

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.

Effective Date of Enrolment: ____/____/____

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
<i>Please indicate AM or PM</i>	AM / PM	AM / PM	AM	AM / PM	AM	
For 20 Hours ECE fill out boxes below with the hours attested e.g. 4						Total number of hours
20 Hours ECE at this service						
20 Hours ECE at another service						

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

CHANGE OF ENROLMENT:

Effective Date of Enrolment: ____/____/____

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
<i>Please indicate AM or PM</i>	AM / PM	AM / PM	AM	AM / PM	AM	
For 20 Hours ECE fill out boxes below with the hours attested e.g. 4						Total number of hours
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 Heretaunga Kindergarten, I declare that this form has been checked and all relevant sections have been completed

Service Provider Signature: Date: ____/____/____