



Rutherford Street Kindergarten

Enrolment Form

CONFIDENTIAL

CHILD'S DETAILS	
Child's First Name/s	
Child's Last Name/s	
Child's Date of Birth	

Male Female

COPY OF OFFICIAL IDENTITY VERIFICATION DOCUMENT	
<input type="checkbox"/> New Zealand Birth Certificate	<input type="checkbox"/> Foreign Birth Certificate
<input type="checkbox"/> New Zealand Passport	<input type="checkbox"/> Foreign Passport
Other _____	
<p>Privacy Statement: We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>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.</p> <p>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.</p> <p>You can find more information about national student numbers at: www.minedu.govt.nz/parents</p> <p>Signature of Parent/Caregiver:.....Date:.....</p>	

CHILD'S ADDRESS DETAILS	
Child's Primary Residential Address	Future Change of Address
Address:	Address:
Postal Code:	Postal Code:

DATE DETAILS			
Date of Enrolment		Actual Start Date	
Date and Parent Signature for Starting School Visits		Leaving Date	
<p>Please Note: 20 Hours ECE for 3-6 year olds 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.</p>			

SESSIONS REQUIRED					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

PARENT / CAREGIVER CONTACT DETAILS			
Name		Name	
Relationship to Child		Relationship to Child	
Phone Numbers		Phone Numbers	
Day		Day	
Night		Night	
Cell		Cell	
Email		Email	
Occupation		Occupation	
Address:		Address:	
Postal Code:		Postal Code:	

CHILD'S ETHNICITY		
<p>For Ministry of Education statistical purposes, please tick the child's major ethnic group classification. (If you need to tick more than one box, please write 1st, 2nd, 3rd etc next to the box in the order of the child's major ethnic group classifications.)</p>		
<input type="checkbox"/> NZ European/ Pakeha <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific groups <input type="checkbox"/> Other Ethnicity (eg Sth American, African, M/East)	<input type="checkbox"/> Other European (eg British, Dutch, German) <input type="checkbox"/> Chinese <input type="checkbox"/> Fijian <input type="checkbox"/> Indian <input type="checkbox"/> South East Asian (eg Vietnamese)	<input type="checkbox"/> NZ Maori (please fill in section below) <input type="checkbox"/> Tokelauan <input type="checkbox"/> Niuean <input type="checkbox"/> Australian <input type="checkbox"/> Other Asian (eg Japanese, Korean, Cambodian)

*If your child identifies as NZ Maori, please enter the iwi name(s) below.
If you don't know the iwi, please enter 'Don't Know'*

Iwi	Rohe (iwi home area)	Iwi	Rohe (iwi home area)

CHILD'S LANGUAGE DETAILS	
Home Language	

CENTRE INFORMATION	
Would you like to receive your Centre Information by email?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please enter email address	

CHILD'S MEDICAL INFORMATION
Please record details of special health needs included allergies and any medication required:
Does your child have any special needs? (ie speech language?)
<i>(Please speak to a Teacher if you want to give more details on your child's special needs or medical condition)</i>

DOCTOR	
Name	
Address: Postal code:	Doctors Phone Number:

MEDICAL DECLARATION						
I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation.						
<u>Category (i) Medicines</u>						
I give permission for teachers to apply basic First Aid and the following non-prescription products to this child:						
<table> <tr> <td><input type="radio"/> Arnica Cream</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td><input type="radio"/> Sunscreen</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	<input type="radio"/> Arnica Cream	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="radio"/> Sunscreen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="radio"/> Arnica Cream	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<input type="radio"/> Sunscreen	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<u>Category (iii) Medicines</u>						
Does your child have a health condition that requires ongoing medication? Yes <input type="checkbox"/> No <input type="checkbox"/>						
An Ongoing Treatment Medication Authorisation form will need to be completed.						
I understand that I am to show this child's Immunisation Certificate to a teacher/administrator so it can be recorded in the Immunisation Record.						
Signature of Parent/Caregiver:..... Date:.....						

HEALTH AND WELL-BEING – ACCESSING FREE SERVICES

Is your child enrolled in the free dental service? Yes No

When your child turns 4 years of age, are you happy for them to have their hearing and vision tested by the public health nurse at kindergarten? Yes No

CULTURE / RELIGION

Does your child have any special requirements in respect to religion or cultural observances, etc?

Yes No

If yes, please specify:

TERM BREAKS

We are open all year, apart from weekends, public holidays and for two weeks over the Christmas/New Year break.

METHOD OF PAYMENT

Cheque Cash Direct Credit

OTHER CONTACTS (PLEASE SUPPLY AT LEAST TWO)

Contact 1

First Name	
Last Name	
Middle Name	
Title	
Relationship	

Same Address as child? Yes No If no, please fill in address below.

Address:

.....

Postal code:

Daytime Phone		Evening Phone	
Cell Phone		Occupation	
Email			

Please tick appropriate boxes:

Primary Caregiver Use as Emergency Contact

Allowed to Collect Forbidden/Conditional Access

(A copy of the legal document pertaining to this must be provided)

Contact 2

First Name	
Last Name	
Middle Name	
Title	
Relationship	

Same Address as child? Yes No If no, please fill in address below.

Address:			
.....			
.....			
.....			
Postal code:			
Daytime Phone		Evening Phone	
Cell Phone		Occupation	
Email			
Please tick appropriate boxes:			
Primary Caregiver	<input type="checkbox"/>	Use as Emergency Contact	<input type="checkbox"/>
Allowed to Collect	<input type="checkbox"/>	Forbidden/Conditional Access	<input type="checkbox"/>
(A copy of the legal document pertaining to this must be provided)			

Contact 3

First Name	
Last Name	
Middle Name	
Title	
Relationship	

Same Address as child? Yes No If no, please fill in address below.

Address:			
.....			
.....			
.....			
Postal code:			
Daytime Phone		Evening Phone	
Cell Phone		Occupation	
Email			
Please tick appropriate boxes:			
Primary Caregiver	<input type="checkbox"/>	Use as Emergency Contact	<input type="checkbox"/>
Allowed to Collect	<input type="checkbox"/>	Forbidden/Conditional Access	<input type="checkbox"/>
(A copy of the legal document pertaining to this must be provided)			

20 HOURS ECE ATTESTATION

1. Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this Centre?

Yes No

2. Is your child receiving 20 Hours ECE at any other services?

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 under this heading.

Parent/Guardian Signature:..... Date: ___/___/___

DUAL ENROLMENT DISCLOSURE

I, hereby declare that my child is not enrolled at another early childhood institution at the same time they are enrolled at Rutherford Street Kindergarten.

Parent/Guardian Signature:..... Date: ___/___/___

OPTIONAL CHARGES

1. The Optional Charge is for:

- additional staff for full afternoon rolls and for centre administration
- music, dance and yoga sessions
- sunscreen, arnica
- children's profile books

2. The agreement to pay the optional charge will be reviewed annually at the AGM in March.

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

- If the amount of the Optional Charge is changed as a result of an annual review, parents will be asked to reconsider or reconfirm their agreement in March.

4. I understand that the Optional Charge is not compulsory and if I choose not to pay, there will be no penalty

5. **I agree/do not agree (please select one)** to pay the Optional Charge for the activities/items specified in this enrolment agreement form

Parent/Guardian Signature:..... Date: ___/___/___

HOW DID YOU FIND OUT ABOUT US?

Friend	Website – which one	Yellow Pages	Posters around town	Other – please specify

GENERAL CONSENT & DISCLOSURE

- I understand that the teachers are responsible for this child during the times they are enrolled, and that I am responsible for seeing that this child gets to and from the Centre safely.

Yes No

- I understand that I will be required to give written consent for any excursion on which this child is required to travel by motor vehicle.

Yes No

- I agree to this child going on walking excursions to support their Early Childhood Education when the following ratios of adults to children are maintained:
Over 2 - A maximum of 4 children to 1 adult
 - A minimum of 1 adult being a Teacher
 - A minimum of 2 adults on any excursion

Yes No

- I give permission for this child's name to be published in Centre Newsletters.

Yes No

- I understand that ICT is part of the Centre programme and that photographs/videos may be taken of this child for their online assessment page (protected/private) to document their learning.

Yes No

- I give permission for this child to be photographed/ videoed while at the Centre.

Yes No

- I give permission for any such photographs/ video to be used for publicity purposes.

Yes No

- I give permission for any such photographs to be uploaded to our public Facebook page.

Yes No

- I give permission for this child to use ICT equipment to support their Early Childhood Education.

Yes No

- I give permission for my child, in the event of an emergency, to be taken to an alternative emergency location. e.g., Civil Defence Centre

Yes No

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

Yes No

- I agree to pay all accounts for my child in the week of receiving my invoice, in the case of the voluntary charge once per term.

Yes No

- I understand that 14 days notice must be given to withdraw my child.

Yes No

- I understand that 7 days notice is required to change my child's enrolment. If not, I will be charged unless the space can be filled.

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: ____/____/____

Name.....

Relationship to Child.....

SERVICE DECLARATION

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

Service Provider's Signature..... Date: ___/___/___

ENROLMENT AGREEMENT

I confirm that my child is enrolled to attend the Centre on the following days and times.
Please note that any changes to enrolment details must be notified immediately to a teacher/administrator and this enrolment agreement needs to be amended.
Please only complete this section if your child is 3 years or older.

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent Signature: _____ Date: ___/___/___

CHANGES TO ENROLMENT AGREEMENT

Change of Days/Times of Enrolment

Effective Date:

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled						
<i>20 Hours ECE at this service</i>						
<i>20 Hours ECE at another service</i>						

Parent Signature: _____

Date: ___ / ___ / ___

Change of Days/Times of Enrolment

Effective Date:

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled						
<i>20 Hours ECE at this service</i>						
<i>20 Hours ECE at another service</i>						

Parent Signature: _____

Date: ___ / ___ / ___

Change of Days/Times of Enrolment

Effective Date:

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled						
<i>20 Hours ECE at this service</i>						
<i>20 Hours ECE at another service</i>						

Parent Signature: _____

Date: ___ / ___ / ___

Change of Days/Times of Enrolment

Effective Date:

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled						
<i>20 Hours ECE at this service</i>						
<i>20 Hours ECE at another service</i>						

Parent Signature: _____

Date: ___ / ___ / ___