



# Rutherford Street Kindergarten

## Enrolment Agreement Form

### ◆ 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:

Official identity verification document\*

Copy of documents if collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

Child's date of birth:    dd / mm / yyyy

Male

Female

Child's ethnic origin/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Iwi your child belongs to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language/s spoken at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's primary residential address:

\_\_\_\_\_  
\_\_\_\_\_

Post Code:

### ◆ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject).

Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number\* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities
- under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

\* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

**The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.**

**◆ Parents / Guardians:**

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:

**Additional person/s who can pick up your child:**

<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Any changes to this form **must** be signed and dated by the parent/guardian.

**◆ 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:

**◆ Additional Emergency Contacts (also able to pick up 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):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

**3. Given names:**

**4. 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:

**◆ 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)					
<b>For staff:</b> Immunisation records sighted and details recorded:	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>◆ Medicine:</b>	
<b>Category (i) Medicines</b>	
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 <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
▪ Arnica Cream	▪ Sunscreen
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>Category (ii) Medicines</b>	
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: ____ / ____ / ____

<b>Category (iii) Medicines</b>	
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.	
<b>For staff:</b> Individual health plan sighted and a copy taken:	Tick One:    Yes <input type="checkbox"/> No <input type="checkbox"/>
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: ____ / ____ / ____

Any changes to this form **must** be signed and dated by the parent/guardian.

**◆ Consents:**

- **Excursions:** Children will be taken on excursions that contribute to the educational programme. A consent form will be given to parents for planned excursions. When the occasion and opportunity arises, we take groups of children to Fairfield Park or Fairfield Reserve, these are our regular walks. I agree to this child going on walking excursions to support their Early Childhood Education and understand I will be required to give written consent for any excursion that isn't a regular walk, or the child is required to travel by motor vehicle.

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 the teacher
- A minimum of 2 adults on any excursion

**Agree / Disagree (Please circle which applies)**

Parent / Guardian Signature:

Date: / /

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

**Agree / Disagree (Please circle which applies)**

Parent / Guardian Signature:

Date: / /

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

Parent / Guardian Signature:

Date: / /

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

**Agree/ Disagree (Please circle which applies)**

Parent / Guardian Signature:

Date: / /

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

**Agree / Disagree (Please circle which applies)**

Parent/Guardian Signature:

Date: / /

- Reducing food related choking young children - I have received a copy of the Ministry of Health guidance to reduce the risk of food related choking.

Parent/Guardian Signature:

Date: / /

### ◆ 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 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: \_\_\_/\_\_\_/\_\_\_

### ◆ 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 Rutherford Street Kindergarten.

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

### ◆ Optional Charges:

For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.

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. I understand that if I agree to pay for the optional charge Rutherford Street Kindergarten may enforce payment.

3. The agreement to pay the optional charge will last for the time my child is enrolled.

4. I understand that I can change my mind in regard to agreeing to the optional charge at any time.

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

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

### ◆ Statutory Holidays / Term Breaks

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

Rutherford Street Kindergarten is closed on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:

New Year's Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Waitangi Day	<input type="checkbox"/>	Queen's Birthday	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Labour Day	<input type="checkbox"/>		

Please note: Rutherford Street Kindergarten will shut down over the Christmas/ New Year period. Parents will be notified of the close down period in November of each year.

### ◆ How did you find out about us?

Friend	Website – which one?	Facebook page	Flyer/newspaper article	Other – please specify

Any changes to this form **must** be signed and dated by the parent/guardian.

### ◆ Parent Involvement

Rutherford Street Kindergarten is a Community Based, Not for Profit organisation, run by elected Board Members.

As a community based centre, we work hard to keep costs to families as low as possible, but to do this we need our parents and families to be involved in the centre life, fundraising and working bees. By signing below I agree to helping out with working bees, fundraising and centre life.

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

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

### ◆ Before School Check

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?

*Tick One*

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

### ◆ Service Declaration

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

Service Provider Signature: \_\_\_\_\_

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