

Date of Enrolment: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Date of Exit: \_\_\_\_\_

Confidential

## Whānau Manaaki Kindergartens



## ENROLMENT AGREEMENT

Kindergarten

He Whānau Manaaki o Tararua  
Free Kindergarten Association Incorporated

Child's official given name:			
Child's official other names / middle names (please separate with a comma)			
Child's official surname or family name:			
Name your child is known by / preferred name:	Given name	Surname/family name:	
Child's primary residential address and postcode			Postcode:
Copy of official identity verification document* collected by staff:	New Zealand Birth Certificate <input type="checkbox"/>	Foreign Birth Certificate <input type="checkbox"/>	Staff Initials.....
	New Zealand Passport <input type="checkbox"/>	Foreign Passport <input type="checkbox"/>	
Other: .....			
Child's Date of Birth: dd/mm/yyyy	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Child's nationality/ethnic origin/s:	Iwi your child belongs to:	Language/s spoken at home:	Religion (optional):
<b>Parent(s) / Whānau / Regular Caregiver Details</b>			
Name			
Relationship to child			
Email:			
Phone:	Day:	Evening:	Mobile:
Address:			
<b>Parent(s) / Whānau / Regular Caregiver Details</b>			
Name			
Relationship to child			
Phone:	Day:	Evening:	Mobile:
Email			
Address:			
Which email address/es should newsletters/statements be sent to:		Child lives mainly with:	
Parent/Guardian Signature		Date:	

**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 2020. 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: [eli.education.govt.nz](http://eli.education.govt.nz)

Information about acceptable identity verification documents is available online at [www.eli.education.govt.nz](http://www.eli.education.govt.nz).

**The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.**

### Who can collect your child?

Your child's safety is important to us - only the people you name below will be allowed 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 a court order.**

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

### Names of people who are forbidden by law to have access to your child or who have right of access subject to conditions.

You will need to give us a copy of the relevant legal documentation (Access/Protection Orders) confirming this.

1.	2.
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Signed as sighted: (Head Teacher) :

Date:

### Additional Emergency Contacts (also able to pick up child)

- This is for medical or civil defence emergencies.
- Please let these people know you have given their names as emergency contact. They should also live nearby

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

<b>Name</b>		
<b>Relationship to child:</b>		
<b>Phone:</b>	<b>Day/Evening:</b>	<b>Mobile:</b>
<b>Address:</b>		

### Child's Learning and Development

Does your child have learning or development needs? Please give details.	
Name any support people or organisations that are currently working with your child (eg speech therapist).	

Medical/Health Information	
Family Doctor and/or Medical Centre:	Phone:
<b>Child's Medical conditions:</b> Does your child require medication as part of an individual health plan for an ongoing condition such as Eczema or Asthma etc <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, you will need to complete a Category iii medication form. Please talk to a teacher.</b>	
Name any specialist care your child is receiving (e.g. grommets, paediatrician)	
Illness / Allergies	
Any special dietary requirements?	
Is your child up to date with Immunisations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please provide verifications of all immunisation)</i>	<b>(Centre use only)</b> Immunisation certificate has been sighted. <input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration of Understanding	
<b>Privacy: To comply with the Privacy Act, I give permission for the following to be made available: (please tick each box).</b>	
<b>Parent/s name/s and telephone number:</b> To the committee <input type="checkbox"/> Yes <input type="checkbox"/> No To health authorities <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Child's name and date of birth:</b> To the school your child is likely to attend <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School:
<b>All other personal information on your child will be kept securely and remain confidential:</b>	
I give permission to apply basic first aid, and to apply the non-prescription preparations ticked below to my child. Arnica Cream <input type="checkbox"/> Insect repellent <input type="checkbox"/> Insect bite treatment <input type="checkbox"/> Sunscreen <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for teachers to change my child's wet or soiled clothing when necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission to obtain medical treatment for my child in an emergency and I accept responsibility for the expenses incurred.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the Sleeping Policy and seen the sleeping /rest facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to be photographed or videoed as part of the kindergarten's documentation of learning.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for photographs/video of my child to be used for publicity purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for photographs/video of my child to be shared on the kindergarten and/or association Facebook page	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child may use ICT equipment to support their early childhood education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child's portfolio will be accessible to my child and my family. I confirm that I will respect the confidentiality of other children's documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for samples of my child's work to be used in displays at the kindergarten or in the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the Kindergarten's excursion policy and agree to the adult: child ratios for short walks as described in this, and therefore I give permission for my child to go on short walks with the teachers in the area around the kindergarten.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I will be required to give written consent for any excursion in which my child is required to travel by motor vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child may 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
I understand that teachers are responsible for my child only during session times and that I am responsible for seeing my child gets safely to and from Kindergarten.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the Ministry of Health Guidance reducing food-related choking for babies and young children at early learning services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Relationship to Child:</b>	

Dual Enrolment Declaration	
I hereby declare that my child is/is not enrolled in any other Early Childhood Service at the <b>same times</b> that he/she is enrolled at this Kindergarten. <b>I will let the kindergarten know if this situation changes.</b>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

Whānau Contributions
Whānau Contributions support our high-quality learning programme and are based on a donation of 50 cents per hour (maximum of \$10.00 per week). Notices are sent at the beginning of each term. Any donation received makes a big difference.

Fee Contract	
<p>Please see Whānau Manaaki Kindergartens Fee Policy for further details.</p> <ul style="list-style-type: none"> <li>For children over three, an hourly fee will be charged until a signed Attestation/Enrolment Agreement is received.</li> <li>Families who are not using all or any of their 20 Hours ECE at kindergarten will be asked to pay a fee for each hour that is not attested for the Government's 20 Hours ECE.</li> <li>I have read the Whānau Manaaki Kindergartens Fees policy and agree to pay any fees resulting from my child's enrolment at kindergarten as per this policy.</li> <li>I elect to pay any required fees on the following basis:    Automatic Payment <input type="checkbox"/>    Internet Banking <input type="checkbox"/></li> </ul>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

Statutory Holidays / Term Breaks												
<p>This enrolment agreement is <b>inclusive / exclusive</b> of school term breaks.</p> <p>Whānau Manaaki Kindergartens are <b>not</b> open on the following public holidays if they fall on a weekday.</p> <table border="0"> <tr> <td>New Year's Day</td> <td>Day after New Year's Day</td> <td>Waitangi Day</td> <td>Good Friday</td> <td>Easter Monday</td> <td>ANZAC Day</td> </tr> <tr> <td>Queen's Birthday</td> <td>Labour Day</td> <td>Christmas Day</td> <td>Boxing Day</td> <td>Local Anniversary Day</td> <td></td> </tr> </table>	New Year's Day	Day after New Year's Day	Waitangi Day	Good Friday	Easter Monday	ANZAC Day	Queen's Birthday	Labour Day	Christmas Day	Boxing Day	Local Anniversary Day	
New Year's Day	Day after New Year's Day	Waitangi Day	Good Friday	Easter Monday	ANZAC Day							
Queen's Birthday	Labour Day	Christmas Day	Boxing Day	Local Anniversary Day								

Enrolment Details			Date to take effect:			
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
<b>Days Enrolled</b>	Monday	Tuesday	Wednesday	Thursday	Friday	
<b>Times Enrolled</b>						
<b>For 20 Hours ECE fill out boxes below with the hours attested</b>						<b>Total number of hours</b>
<b>20 Hours ECE at this service</b>						
<b>20 Hours ECE at another service</b>						
<b>Parent / Guardian Signature:</b>					<b>Date:</b>	

Parent Declaration	
I declare that all the above information is true and correct to the best of my knowledge.	
<b>Parent / Guardian Signature:</b> .....	<b>Date:</b> .....

Kindergarten Declaration		
On behalf of Whānau Manaaki Kindergartens I declare that this form has been checked and all relevant sections have been completed		
<b>Signed:</b> .....	<b>Position:</b> .....	<b>Date:</b> .....

## 20 hours ECE Attestation (For children 3 years and over)

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

Tick One  Yes  No

Is your child receiving 20 hours ECE at any other service?

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 the Government's '20 hours ECE' per week across all services.
- You authorise the Ministry of Education to make any enquiries regarding the information provided in the Enrolment Agreement Form, and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to this kindergarten providing relevant information to the Ministry or Education, and to other early childhood services your child is enrolled at, about the information contained in this box.

**Parent / Guardian Signature:**

**Date:**

Change of Days/Times			Date to take effect:			
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						
<b>For 20 Hours ECE fill out boxes below with the hours attested</b>						<b>Total number of hours</b>
20 Hours ECE at this service						
20 Hours ECE at another service						
<b>Parent / Guardian Signature:</b>					<b>Date:</b>	

Change of Days/Times			Date to take effect:			
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						
<b>For 20 Hours ECE fill out boxes below with the hours attested</b>						<b>Total number of hours</b>
20 Hours ECE at this service						
20 Hours ECE at another service						
<b>Parent / Guardian Signature:</b>					<b>Date:</b>	

Change of Days/Times			Date to take effect:			
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						
<b>For 20 Hours ECE fill out boxes below with the hours attested</b>						<b>Total number of hours</b>
20 Hours ECE at this service						
20 Hours ECE at another service						
<b>Parent / Guardian Signature:</b>					<b>Date:</b>	