

## Enrolment Agreement Form

<b>Kindergarten:</b>	<b>Date Enrolled</b>	<b>NSN No</b>
<b>Child's details:</b>		
Child's <b>official surname</b> or <b>family name</b> :		
Child's <b>official given name</b> :		
Child's <b>official other names / middle names</b> : (please separate names with a comma):		
<b>Name your child is known by / preferred name:</b>		
Surname / family name:		Given name:
Official Identification document/s sighted by staff		
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
<input type="checkbox"/> Other _____		<b>Staff initials:</b> _____
Child's date of birth:    dd / mm / yyyy		Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____	Iwi your child belongs to: _____ _____	Language/s spoken at home: _____ _____
Child's primary residential address: _____ _____		
Post Code:		
Child's alternative residential address: (if applicable) _____ _____		
Post Code:		
<b>Privacy Statement:</b>		
<p>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:</p> <ul style="list-style-type: none"> <li>• for funding allocation purposes</li> <li>• for monitoring purposes</li> <li>• to allow the assignment of a National Student Number* to your child, and</li> <li>• 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.</li> </ul> <p>Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.</p> <hr/> <p>* 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</p> <p><i>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.</i></p>		

<b>Parents / Guardians:</b>	
<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:

<b>Additional person/s who can pick up your child:</b>	
<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):
Relationship to child:	Relationship to child:

<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders ( <b>a copy of any court order is required</b> )	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

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

Additional Emergency Contacts (also able to pick up child):	
<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:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies: Does your child have any special health needs including allergies, medications and special diets? If yes, please specify	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>(Please provide verification of all immunisations)</small>	
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child had their teeth checked in the last 12 months?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been or are you involved with any other services e.g. Family Start, Learning Support, PAFT, services at a hospital? If yes, please state which service:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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<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? <span style="float: right;"><i>Tick One</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></span>	
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
▪ Arnica	▪ 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: <span style="float: right;"><i>Tick One:</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></span>	
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: ____ / ____ / ____

<b>Other Details</b>	
Where did you learn about kindergarten? (please tick)	
<input type="checkbox"/> Advertising <input type="checkbox"/> Staff Members <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Plunket <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> Another Parent <input type="checkbox"/> Another Centre <input type="checkbox"/> Previously Enrolled Sibling <input type="checkbox"/> Other .....	
School likely to attend: _____ (please circle)	
I give permission for information to support my child's transition to school to be shared with the school <b>Yes / No</b>	
<b>20 Hours Free:</b> Will you be using your 20 Hours ECE entitlement at kindergarten when your child turns 3?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> (please tick)	

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## Permissions and Consents

please circle - yes or no

<ul style="list-style-type: none"> <li>• I understand that staff are responsible for this child only during session times and that I am responsible for ensuring that this child gets to and from kindergarten safely.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• 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.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I give permission for this child to take part in regular excursions as specified in excursions policy</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I give permission for this child to be taken by staff for walks in the vicinity of the kindergarten. Ratios will be 1 adult to 5 children.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I give permission for my contact details to be made available to the kindergarten committee.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I give permission for kindergarten teachers to give this child's name and date of birth to the school she/he will attend.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I give permission for photographs/audio clips/video footage of this child to be taken, used and shared for kindergarten related activities including social media such as the Kindergartens South website and Facebook page and local and national print media or televised programmes.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I would like to receive general information and notifications via the text messaging service to my cellphone (if this kindergarten provides this service).</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I would like to receive information and notifications, including financial documents electronically e.g. email</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I give permission for staff to apply basic first aid, including arnica cream, sting goes, and sunscreen products to this child and to change her/his soiled or wet clothing when necessary.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I understand this child will be taken to an alternative emergency location e.g. civil defence centre, in the event of an emergency.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I consent to this child accessing the Internet – a staff member will always be present when children have access.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I have read/I am aware of the Health and Safety identified Hazards in the kindergarten.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I have been provided with a copy of the Ministry of Health <i>Reducing food related choking for babies and young children at early learning services</i> guidelines.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• I give permission for the kindergarten teachers to engage in professional discussions with the Ministry of Education Learning Support Services (Speech-Language Therapist/Early Intervention Teachers) to provide advice and guidance for working with this child in regard to their learning and development if necessary.</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• As part of support for teachers at kindergarten Learning Support Staff may be observing teachers interacting with children at times. I understand that my child may be part of this group.</li> </ul>	Yes / No

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

Enrolment Details:						
Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___						
<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.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled: start/finish						Total hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service (e.g. childcare)						Total hours:
I agree to pay fees for any hours my child is at kindergarten that are not covered by the 20 hours ECE. For more information refer to our Fees Policy.						
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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ You must advise us of any changes to enrolled hours at this or any other service where you are claiming 20 hours ECE.</li> </ul>	
Parent/Guardian Signature: _____ Date: ___ / ___ / ___	

Dual Enrolment Declaration
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at Kindergarten.
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

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

## Conditional Enrolment and Attendance Agreement

I agree that ..... is conditionally enrolled. I understand that my child is enrolled as an extra enrolment as the rolls are full. If every child on the roll is present, my child and I will stay for the session as visitors in the kindergarten.

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

## Statutory Holidays / Term Breaks

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

This kindergarten does not open on Statutory Holidays; however, fees are charged for public holidays that fall during a regular kindergarten week.

## Policy Statement

The Southland Free 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. These can be found in the Community Policies and Procedures Folder at the kindergarten. 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 review.

## Parent Information

Please ensure you read the information pack provided by the kindergarten as it covers such things as fees, routines and ways in which we can help you and your child settle into kindergarten.

## School Visit Notification

(child's name)..... will be attending school transition visits on:

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

(Name of school and the dates and times of visits)

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

*If you would like a copy of this form, please tell us. We will be happy to photocopy it or send you an electronic copy.*

## Service Declaration

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

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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: ____ / ____ / ____						

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



## CYBERSAFETY USE AGREEMENT

### Acknowledgement of Kindergartens South Cybersafety Rules and Responsibilities

To the Parent/Legal Guardian/Caregiver

1. Please read this page carefully as it includes information about your responsibilities under this agreement.
2. Complete and sign the section at the bottom of the page.
3. Return this acknowledgement page to the kindergarten (please ask if you would like a copy).
4. A copy of the Cybersafety Use Agreement for Parents/Caregivers/Visitors is displayed in the kindergarten for future reference.

Kindergartens South will:

- Do its best to enhance learning through the safe use of ICT. This includes working to restrict access to inappropriate, illegal or harmful material on the internet or kindergarten ICT equipment/devices at the kindergarten or at kindergarten related activities
- Respond to any breaches in an appropriate manner
- Welcome enquiries from parents/legal guardians/caregivers about cybersafety issues.

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I acknowledge that:

- I have read the Kindergartens South Cybersafety Use Agreement for Parents/Caregivers/Visitors.
- I am aware of the rules and responsibilities outlined in the Cybersafety Use Agreement for Parents/Caregivers/Visitors, a copy of which is displayed at the kindergarten.
- I am aware that these obligations and responsibilities relate to the safety of the children attending the kindergarten, and of the kindergarten's learning environment.
- I am aware that I can request a copy of Kindergartens South Cybersafety Policy.

I also understand that breaches of this Use Agreement will be investigated and may require a response by Kindergartens South management.

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**Kindergarten Name:**.....

**Child's Name (print):** .....

**My Name (print):**.....

**Parent / Legal Guardian / Caregiver** (please circle which term is applicable)

**Signature:** ..... **Date:** .....