

# Enrolment Agreement Form



**KINDERGARTEN (please circle)**

**Alexandra Terrace Cromwell Hawea Wakatipu Frankton Maniototo**

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

## Child:

Child's first names:	Surname:
Name your child is known by:	
Child's date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnic origin:	
Iwi your child belongs to:	
Child's home address or addresses:	Postcode
Languages spoken at home:	

## Parents / Guardians:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship:	Relationship:
Accounts:	Accounts:
<b>Alternative Contact 1</b>	<b>Alternative Contact 2</b>
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship:	Relationship:

**Permission to Collect your child**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Custodial Statement: Are there any custodial arrangements concerning your child?  
  
Name (s) of any person expressly forbidden by law to have access to your child:  
  
(A copy of the legal document pertaining to this must be provided)

**Statutory Holidays /Term Breaks**

Note : This enrolment is exclusive of school term breaks and statutory holidays

**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 number of hours:

**For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours**

20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of 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 Kindergarten?  
  
*Tick One* Yes  No

2. Is your child receiving 20 Hours ECE at any other services?  
*One* *Tick* 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.
- Your 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 Kindergarten 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.
- I have agreed to pay for any Non 20 Hours ECE my child attends this kindergarten.

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

### Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at Kindergarten

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

### Sleeping/Resting Children

I have viewed the sleeping facilities and read the sleeping policy

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

Medical Details/Special Needs	Please delete/tick	Doctor
	Medic Alert	Address
	Allergic to Bee Stings	Phone
	Asthma	Special Education Needs
	Inhaler required	
	Epilepsy	
	Diabetes	
	Eczema	
Food Allergies		

### Vaccination Record

Sighted	Meningitis B (Complete)	Chosen not to vaccinate
Medication	Specialist	

**Please notify the teachers immediately there are any changes to these details:**

I authorise the teachers to provide the Ministry of Education with relevant information regarding my child's eligibility and access of 20 hours ECE at this service.	Yes /No
I understand that teachers are responsible for this child only during session times and that I am responsible for seeing that this child gets to and from the kindergarten 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 give permission for this child to be taken by teachers for spontaneous walks in the vicinity of the kindergarten and acknowledge that the adult:child ratio shall be a minimum of 1:6.	Yes /No
I give permission for my telephone number and/or address to be made available to the kindergarten committee for fundraising purposes.	Yes /No
I give permission for kindergarten teachers to give this child's name, address and date of birth to the school he/she will attend.	Yes /No
I give permission for this child to be photographed/videoed while at kindergarten.	Yes /No
I give permission for kindergarten teachers to use and display photos/videos of this child on the kindergarten's blog or facebook page.	Yes /No
I give permission for teachers to apply basic first aid and sunscreen products to this child and to change her/his soiled or wet clothing when necessary.	Yes /No
I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation.	Yes /No
I understand this child will be taken to an alternative emergency location, e.g. civil defence centre, in the event of an emergency.	Yes /No
	Yes /No
<b>Acknowledgement of Central Otago Kindergarten Association's (COKA) Cybersafety Rules &amp; Responsibilities:</b>	Yes /No
I acknowledge that:	Yes /No
I have been supplied with, and have read a copy of the COKA ICT & Cybersafety Policy.	Yes /No
I am aware that I can ask to be given a copy of the COKA ICT & Cybersafety Policy.	Yes /No
I have read and am aware of the rules and responsibilities outlined in the ICT & Cybersafety Policy.	Yes /No
I am aware that these obligations and responsibilities relate to the safety of the children attending the kindergarten, and of the kindergartens learning environment.	Yes /No
I also understand that breaches of this Policy will be investigated and may require a response by COKA.	Yes /No

**School your child will likely attend:** -----

<b>Parent Declaration</b>	
I declare that all the above information is true and correct to the best of my knowledge	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____
<b>Service Declaration</b>	
On behalf of Kindergarten I declare that this form has been checked and all relevant sections have been completed.	
Teacher Signature: _____	Date: ____ / ____ / ____

<b>Change of Days/Times of Enrolment:</b>						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

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