



Date of Enrolment:
Kindergarten:
Enrolment No:

**Child**

First Name(s):	Surname:	Date of Birth:
Address:		Male/Female:
Change of Address:		

**Contact details**

Name:	Name:
Relationship to child:	Relationship to child:
Address (if different from child's)	Address (if different from child's)
Home Phone:	Home Phone:
Work Phone:	Mobile:
Email:	Email:

**This section to be completed at time of admission**

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday
Hours Enrolled:					
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday
Hours Enrolled:					

**Emergency contact details**

Name:	Name:
Relationship to child:	Relationship to child:
Address	Address
Home Phone:	Home Phone:
Work Phone:	Mobile:

**Only those persons named below will be allowed by staff to collect the child etc.**

	Phone numbers

**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)**


**Special requirements in respect of my child are (Dietary, allergies, religious, medical, physical)**


Child's Doctor:	Phone No:
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**Other important information**

Ethnic Origin of Child (eg Maori, Dutch, Asian):

If the child identifies as Maori, please enter the name(s) of her/his Iwi below:

Iwi:

Iwi:

Rohe (Iwi home area)

Rohe (Iwi home area)

School the child is likely to attend:

I understand that staff 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.

Yes: No: 

I give permission for this child to be taken by staff for walks in the vicinity of the kindergarten.

Yes: No: 

I give permission for my telephone number and/or address to be made available for kindergarten purposes.

Yes: No: 

I give permission for staff to apply basic first aid.

Yes: No: 

I give permission for staff to assist changing his/her soiled or wet clothing when necessary.

Yes: No: 

I give permission for my child and other family members to be videoed/photographed while involved in learning experiences at kindergarten or while involved in an excursion. These images may be viewed by families of other children involved in the same footage.

Yes: No: **Dual enrolment declaration**

I hereby declare that my child is not enrolled in another Early Childhood institution at the same times that he/she is enrolled at this kindergarten.

Signed:

Relationship to child:

I also understand that until they are advised of a change in enrolment arrangements the kindergarten staff are entitled to consider this child enrolled for:

pm sessions per week

am sessions per week

Signed:

Signed:

Relationship to child:

Relationship to child:

Date:

Date:

Have you completed an Attestation Form and attached it to this enrolment form?

Yes: No: **I have agreed to pay the following Fees**

No fees will be due if you allocate your child's 20 hours free to this kindergarten.

If you do not use your child's 20 hours free allocation \$1.50 per hour your child is enrolled will be invoiced to you.

I agree to the above fees and that the information provided is true and correct.

Yes: No: 

Signed:

Relationship to child:

Date:

**(Please notify the staff immediately if there are any changes to these details)**

Immunisation Certificate Sighted?

Yes: No: