

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:

Date of Enrolment:
 Kindergarten:
 Enrolment No:

Child

First Name(s):
 Address:
 Change of Address:

Surname: Date of Birth:

Male/Female:

Contact details

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

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

This section to be completed at time of admission

Days Enrolled:
 Hours Enrolled:
 Days Enrolled:
 Hours Enrolled:

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Emergency contact details

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

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

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

Phone numbers

Names 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)

Childs Doctor:

Phone No: