

<b>Kindergartens:</b> (please tick the kindergarten your child will be attending) <input type="checkbox"/> Camberley <input type="checkbox"/> Hunter Park <input type="checkbox"/> Lakeview <input type="checkbox"/> Lucknow <input type="checkbox"/> Mahora <input type="checkbox"/> Mayfair <input type="checkbox"/> Raureka	
Child's <b>official given name:</b>	Child's <b>official Surname or Family 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>	
Copy of official identity verification document* sighted by staff:	
<input type="checkbox"/> New Zealand Birth Certificate <input type="checkbox"/> New Zealand Passport <input type="checkbox"/> Other _____	<input type="checkbox"/> Foreign Birth Certificate <input type="checkbox"/> Foreign Passport <b>Staff initials:</b> _____ <b>Date:</b> _____
Child's date of birth:     /     /     (dd/mm/yyyy)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Ethnic origin/s: _____ _____	Language/s spoken at home: _____ _____
Iwi your child belongs to: _____ _____	Rohe (Iwi home area): _____ _____
Child's primary residential address: _____ _____	
Postcode: _____	
School the child is likely to attend:	
<b>Privacy Statement:</b>	
<p>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.</p> <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> <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 including acceptable identity verification documents and what they are used for at <a href="#">National Student Numbers (NSN) – Education in New Zealand</a>.</p> <p>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 returned to the relevant parties, or securely destroyed once verified.</p> <p>* Information about acceptable identity verification documents is available online at <a href="http://www.lead.ecce.govt.nz">www.lead.ecce.govt.nz</a> and <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a>.  <b>The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</b></p>	

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

Parents/Guardians and Emergency contact:	
1. Name:	Phone (Work):
Relationship to child:	Phone (Mobile):
Address:	Email:
	Occupation:
Post Code:	
2. Name:	Phone (Work):
Relationship to child:	Phone (Mobile):
Address:	Email:
	Occupation:
Post Code:	
3. Name:	Phone (Work):
Relationship to child:	Phone (Mobile):
Address:	Email:
	Occupation:
Post Code:	
4. Name:	Phone (Work):
Relationship to child:	Phone (Mobile):
Address:	Email:
	Occupation:
Post Code:	

Additional persons listed below will be allowed to collect the child:	Relationship to child:	Phone number:	Tick if these persons can be contacted in an emergency if we are unable to get hold of a parent/guardian:
Name:			<input type="checkbox"/>
Name:			<input type="checkbox"/>
Name:			<input type="checkbox"/>
Name:			<input type="checkbox"/>
Name:			<input type="checkbox"/>

Custodial Statement
Are there any custodial arrangements concerning your child?
If <b>YES</b> , please give details of any custodial arrangements <b>and</b> court orders (a copy of any court order is required)

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**Person/s who cannot pick up your child: (please discuss this with the head teacher)**

Name:

Name:

Name:

Name:

**Medical/Health Information**

Family Doctor and/or Medical Centre:

Phone:

Address:

Illness/allergies:

Name any specialist care your child is receiving (e.g. grommets, paediatrician):

Is your child up to date with immunisations? Yes  No   
(Please provide verifications of all immunisations for staff to sight)

Immunisation Certificate has been sighted? Yes  No   
(Teacher use only) **Staff initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cultural Consideration:**

Please tell us about any cultural considerations including any regarding food and or food preparation.

**Medicine:**

**Category (i) Medicines:**

A category (j) medicine is a non-prescription preparation that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the kindergarten and is kept in the first aid cabinet.

Following are the name/s of specific category (i) medicines that are provided by the kindergarten.

Please tick to approve the category (i) medicines to be used on your child.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Sodium Chloride Irrigation Solution (Saline Solution) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Sunscreen   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Aloe Vera Gel   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Antiseptic skin cleansing wipes                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Arnica Cream  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Wet wipes used when changing nappies/pull ups         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Kawakawa Balm   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Insect Repellent                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Tea Tree Oil  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

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

**Category (ii) Medicines:**

Category (ii) medicines, are prescription medicines (such as antibiotics, eye/ear drops etc.) or non-prescription medicines (such as paracetamol liquid, cough syrup etc.) or in relation to Rongoa Māori (Māori plant medicines), that is used for a specific period of time to treat a specific condition or symptom, provided by the parent for the use of their child only, that is administered by teachers at the Kindergarten.

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

**Category (iii) Medicines:**

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.

**Individual health plan completed and signed:**

Tick one

Yes  No

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptoms)

I accept responsibility for costs of any medical treatment required by this child in an emergency situation.

Yes  No

I understand this child may be taken to an alternative emergency location in the event of an emergency.

Yes  No

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

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

**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 for the 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 this service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	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> </ul>	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

I have agreed to the following:
If I attest all of my child's 20 hours ECE to this Kindergarten, I will be charged and agree to pay a fee of \$5.00 per hour for any enrolled hours in excess of 6 hours per day, 30 hours per week.
If I do not attest all or any of my child's 20 hours ECE to this Kindergarten, I will be charged and agree to pay a fee of \$5.00 per hour for any enrolled hours over and above the attested hours. If no hours are attested, I will be charged and agree to pay a fee of \$5.00 per hour for all enrolled hours.
If my child is under 3 years and I confirm I will attest their 20 hours ECE to this Kindergarten once they turn 3 years, I will be charged and agree to pay a fee of \$5.00 per hour for any enrolled hours in excess of 6 hours per day, 30 hours per week. If I do not confirm I will attest my child's 20 hours ECE once they turn 3 years, I will be charged and agree to pay a fee of \$5.00 per hour on all enrolled hours.

I agree to the above and that the information provided is true and correct.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Statutory Holidays/Term Breaks
<ul style="list-style-type: none"> <li>• All kindergartens belonging to the Heretaunga Kindergarten Association will be closed on public holidays.</li> </ul>

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 _____
Parent/Guardian Signature: _____ Date: ____ / ____ / ____

<ul style="list-style-type: none"> <li>▪ <b>Parent Information Book:</b> Please ensure you have read the information in the parent handbook as it covers such things as contributions and subsidies that are available to you and ways in which we can help you and your child settle into the Kindergarten.</li> </ul>
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Parent/Guardian – Statement of Understanding:	
I understand that if my child is leaving kindergarten (other than going to school), I will endeavour to give two (2) weeks' notice and that if I don't, I may still be asked to pay fees.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child's details to be given to:	
<ul style="list-style-type: none"> <li>• the school for roll predictions;</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• any visiting health professionals;</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• any visiting education specialists;</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• the kindergarten newsletters; and</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• other teachers if transferring.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for our identified school to be provided with information to support my child's transition to school. This information may include written and/or verbal information.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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<p>I give permission for this child to be taken on walks and outings (with a minimum ratio of one (1) adult to four (4) children) to places in the immediate local community within walking distance of the kindergarten as detailed below:</p> <ul style="list-style-type: none"> <li>• short trips with the teaching staff in the area around the kindergarten; and</li> <li>• on visits with the teaching staff to local schools on transition to school excursions. Information and discussion will be held with you prior to the school excursions.</li> </ul> <p>Note: These walks and outings are defined as short trips within the HFK Excursion and Travel Arrangements procedure.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Photo/Video:</b></p> <ul style="list-style-type: none"> <li>• I give permission for this child to be photographed or videoed at the kindergarten or on a kindergarten related activity for learning related purposes of assessment, planning and evaluation. I understand that other families may have access to these. I also understand that I am <b>not</b> to share these photos on Facebook/Instagram or similar sites.</li> <li>• I give permission for this child to be photographed or videoed at the kindergarten or on a kindergarten related activity for publicity purposes which includes the HKA website and social media pages.</li> <li>• I understand that if I use my own device to take photos of my own child/ren while at kindergarten or any kindergarten related activity I <b>cannot</b> take photos of other children and/or are in the photo(s) and I will not share any photo(s) of other children on Facebook or similar sites. I understand the kindergarten may ask to view the images taken and request they be deleted.</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I give permission for samples of this child's work to be used in displays at the kindergarten and/or in the community.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>I give permission for staff to apply basic first aid to this child and to change her/his soiled or wet clothing when necessary.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I give permission for details of this child's medical information being publicly displayed in the kindergarten for teachers, relieving teachers and parent help information in order to keep this child safe.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I give permission for this child's name to be published in kindergarten and the Association newsletters.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I give permission for my child to be observed by students and other training professionals.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I give permission for this child to be involved in the use of ICT including use of suitable internet sites for educational purposes with teacher supervision. I understand observations of my child will be made by the staff and teachers.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I understand that the Heretaunga Kindergarten Association (HKA) has policies and procedures that set out how the care and education of the children who attend is provided (HKA strongly urge you to read these). The signing of this enrolment agreement form indicates that you will abide by the policies and procedures of this kindergarten and understand how you can have input into policy and procedure review.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p><b>Please tell us about your child's strengths, interests and preferences:</b></p>
<p> </p>
<p> </p>
<p> </p>

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

<p><b>Service Declaration</b></p>
<p>On behalf of the Heretaunga Kindergarten Association I declare that this form has been checked and all relevant sections have been completed.</p>
<p>Teacher Signature: _____ Date: ____/____/____</p>

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