

ENROLMENT FORM – Holiday Programme

For children who already attend a Whanganui Kindergarten Association Kindergarten

Child's Official Surname or Family Name:				Child's Official given or first name:		
Child's Official middle / other names:				Name your child is known as:		
Date of Birth:						
Emergency Contact Details:						
Kindergarten your child attends:						
Fee Details: Payment of all monies owing must be made prior to the start date of the Holiday Programme.						
Enrolment Details						
HOLIDAY PROGRAMME DATES: 15-18 & 23/24/26 April (19 th , 22 nd , 25 th April = Public Holidays)			HOLIDAY PROGRAMME VENUE: Putiki Kindergarten, 21 Te Anau Street Ph: 06 345 3074 / 021 511 053; putiki@yourkindergarten.co.nz			
Week 1	Monday 15 April	Tue 16 April	Wed 17 April	Thu 18 April	EASTER FRIDAY	
Times Enrolled						Week total hours:
<i>Daily Hours</i>						
<i>20 Hours ECE at this service</i>						Maximum 20 hours per week across all services:
<i>20 Hours ECE at another service</i>						
<i>Plus 10 ECE Hours</i>						
Week 2	EASTER MONDAY	Tue 23 April	Wed 24 April	ANZAC DAY	Fri 26 April	
Times Enrolled						Week total hours:
<i>Daily Hours</i>						
<i>20 Hours ECE at this service</i>						Maximum 20 hours per week across all services:
<i>20 Hours ECE at another service</i>						
<i>Plus 10 ECE Hours</i>						
Please tell us below what we should know about your child:						
TOILETING: <input type="checkbox"/> Is your child in nappies? <input type="checkbox"/> Needs reminding/encouragement? <input type="checkbox"/> Is independent?						
MEDICATION? <input type="checkbox"/> If your child is needing medication during session time, this needs to be given to teachers and you will be asked to fill out a Medication Form						
ALLERGIES?:						
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WELLBEING: Is there something specific that your child needs to ensure his/her well-being at the Holiday Programme?

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ANYTHING ELSE THAT YOU THINK THE TEACHERS NEED TO KNOW:

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Declaration

I declare that my child is not enrolled at another early childhood centre at the same times that he/she is enrolled at Kindergarten (dual enrolment)

I declare that all the above information is true and correct to the best of my knowledge and I have the authority to enrol this child.

I agree to the terms and conditions as stated

I understand that in order to use my 20 hours entitlement my child must attend on their first enrolled day

Please note you will be invoiced should your child not attend on their first enrolled day.

Parent/Guardian signature: _____ Date: _____

Service Declaration

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

Teacher signature: _____ Date: _____