

ENROLMENT FORM – Holiday Programme

FOR CHILDREN NOT ENROLLED IN A WHANGANUI KINDERGARTEN ASSOCIATION KINDERGARTEN

Enrolment Date _____

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:	
Copy of official identity verification document collected by staff. New Zealand birth Certificate <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Foreign passport <input type="checkbox"/> Other <input type="checkbox"/> _____ Staff Initials: _____			
Date of Birth:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Ethnic Origin/s:	Iwi affiliations:	Language/s spoken at home:	
Child's primary residential address:		Post Code:	
Alternative Address:			
Kindergarten or Centre Child Currently Attends:			
Privacy Statement			
<p>We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.</p> <p>We will use and disclose your child's information only in accordance with the Privacy Act 1993. 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>Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding and the measurement of educational outcomes.</p> <p>Any changes to this form must be signed and dated by the parent/guardian.</p>			
Parent / Guardian			
Name:			
Title: Mr, Mrs, Ms, Dr			
Relationship to child:			
Address:		Post Code:	Post Code:
Phone:			
Phone:			
Email:			
Alternative Contacts: (For collecting your child or in an emergency)			
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Relationship to Child:		Relationship to Child:	
Allowed to Collect <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Allowed to Collect <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>

Custodial Statement

Are there any custodial arrangements concerning your child? Yes

No

If yes please describe:

Person/s who cannot pick up your child: (Please provide a copy of legal documentation)

Settling into Kindergarten

Please tell us anything that staff would find helpful to settle your child into the programme (e.g. is your child still in nappies/just needs reminding or encouragement/is independent?)

Please advise if your family is currently working with any community agencies (e.g. Group Special Education):

Medical Information

Doctor:

Phone:

Does your child have any special health requirements, including illness, allergies or medication? Yes

No

If yes please provide details:

Does your child have a health plan at their usual Kindergarten? Yes

No

No

Immunisation Certificate sighted at their usual Kindergarten: Yes

No

No

20 Hours ECE Details (Option available to children aged 3, 4, 5 years)

Is your child receiving 20 hours ECE for up to 6 hours per day, 20 hours per week at this service? Yes

No

Is your child receiving 20 Hours ECE at any other service: Yes

No

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
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- 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.

Parent /Guardian signature: _____

Date _____

Fee Details

I have read and understand the Kindergarten's fee policy and agree to the terms of trade.

Yes

No

I understand that I will be responsible for any costs additional to attendance. (e.g excursions, visiting performers etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Parent/Guardian/Caregiver – Statement of Understanding

I understand that the teachers are only responsible for this child during Kindergarten hours; I am responsible for seeing that my child gets safely to and from Kindergarten.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my child to go for walks with the staff in the area around the Kindergarten and that the ratio for these outings will be 1 adult to 4 children.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for the teachers to apply first aid and sunscreen to this child, and to change soiled or wet clothing when necessary.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my child to be photographed or videoed at the Kindergarten for learning-related purposes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for any such images to be used for promotion/publicity purposes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my child to access the internet as part of the learning environment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

All personal information on your child will be kept secure and remain confidential

HOLIDAY PROGRAMME DATES: 15-18; 23/24/26 April
 (19, 22, 25 April = Public Holidays)

Venues: Putiki Kindergarten or Taihape Kindergarten
 8.30am to 2.30pm 8.30am to 2.30pm
 21 Te Anaua Street, Whanganui Toroa Road, Taihape 4720
 Ph: 345 3074 / 021 511 053 Ph: 388 0368 / 021 511 882
 Email: putiki@yourkindergarten.co.nz taihape@yourkindergarten.co.nz

	Mon 15 Apr	Tue 16 Apr	Wed 17 Apr	Thur 18 Apr	EASTER FRIDAY	
Times Enrolled						Week total hours:
<i>20 Hours ECE at this service</i>						
<i>20 Hours ECE at another service</i>						Maximum 20 hours per week across all services:
<i>Plus 10 ECE Hours</i>						
	EASTER MONDAY	Tue 23 Apr	Wed 24 Apr	ANZAC DAY	Fri 26 Apr	
Times Enrolled						Week total hours:
<i>20 Hours ECE at this service</i>						
<i>20 Hours ECE at another service</i>						Maximum 20 hours per week across all services:
<i>Plus 10 ECE Hours</i>						

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: _____