

KINDERHAVEN PRESCHOOL

81 Stanley Rd, Glenfield Tel 09 4449154
287 Great North Road, Henderson Tel 09 8368323

Enrolment Agreement Form

◆ Child's details:

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:
(please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name:

Given name:

Copy of official identity verification document* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Child's date of birth: / /

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

◆ Privacy Statement:

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 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

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.

You can find more information about national student numbers at: www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at

www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

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

Parents / Guardians:	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Custodial Statement	
Are there any custodial arrangements concerning your child?	
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

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

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Medicine	
Category (i) Medicines	
A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.	
Note: Kinderhaven uses only arnica cream and antiseptic liquid	
Do you approve category (i) medicines to be used on your child?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
Arnica <input type="checkbox"/>	antiseptic liquid (Dettol/Savlon) <input type="checkbox"/>
Parent/Guardian Signature: _____ Date: ____/____/____	

Category (ii) Medicines	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only.	
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.	
For staff: Individual health plan sighted and a copy taken:	<i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (State time or specific symptoms)	
Parent/Guardian Signature: _____ Date: ____/____/____	

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Health – Please list any illness, allergies and/or food intolerances

Illness/allergies:.....
.....
.....
.....

Is your child up-to-date with immunisations? *Tick One* Yes No

(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded: *Tick One* Yes No

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Kinderhaven is **not open** on public holidays if they fall on a weekday

Please indicate whether you give permission for your child to:

Have sunscreen applied if required.....Yes / No

Be taken to a medical centre in an emergency.....Yes / No

Give your contact details to other parents in special circumstances – e.g. birthday party.....Yes / No

Excursions: For your child to take part in a community walk – e.g. visit the library, a park etc.
(Kinderhaven will follow the conditions stated in their Excursion Policy).....Yes / No

Photo/video: permission to be photographed for the purposes of assessment, planning, and evaluation –
Taken and used only by Kinderhaven staff and displayed in the centre.....Yes / No

Use their photo in our facebook pageYes / No

Use their photo on our website.....Yes / No

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

ABOUT YOUR CHILD: Please tell us about your child's strengths, interest, likes, dislikes, special comforts, preferences etc.

.....
.....
.....
.....
.....
.....

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ADDITIONAL CHARGES

1. Any child here before or after their session time starts and finishes will incur a fee of \$11 per 15 minutes.
2. Any child here after 5:30 pm will be charged \$11 per 15 minutes which is payable to the teacher

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 when a child is receiving 20 Hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						ECE
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						Hours
at this service						
at another service						

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

◆ 20 Hours ECE Attestation: (please fill in only if your child is 3-5 years old)

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service:	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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 Agreement 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: ____/____/____

◆ Dual Enrolment Declaration

I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at Kinderhaven

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

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Enrolment Declaration

- **Policy Statement:** Kinderhaven has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- I have read and agree to abide by the fee schedule and policy. (We review fees regularly)
- I agree to pay my child's fees at least one week in advance. I understand my child's place may be forfeited if the fees are not kept up to date.
- I understand that I will be responsible for all debt collection costs.

Parent/Guardian Signature: _____ Date: ___/___/___

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: ___/___/___

How did you hear about Kinderhaven?

◆ Service Declaration

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

Service Provider Signature: _____ Date: ___/___/___

Change of Days/Times of Enrolment to be effective from this date: ___/___/___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						ECE
For 20 Hours ECE fill out boxes below						Hours
at this service						
at another service						

Parent/Guardian Signature: _____ Date: ___/___/___

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Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						ECE
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at this service						
at another service						
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at another service						
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at this service						
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at this service						
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Times Enrolled:						ECE
For 20 Hours ECE fill out boxes below						Hours
at this service						
at another service						
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Times Enrolled:						ECE
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at this service						
at another service						
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Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						ECE
For 20 Hours ECE fill out boxes below						Hours
at this service						
at another service						
Parent/Guardian Signature: _____ Date: ___/___/___						

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