

South Otago Kindergarten Holiday Programme



Enrolment Date: _____

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: dd / mm / yyyy

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

YES NO

If YES – please explain

Does your child have any special requirements? (e.g. cultural or religious beliefs)

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.

*Any changes to this form **must** be signed and dated by a parent/Guardian*

FAMILY/WHĀNAU/CAREGIVER

Whānau//Parent/Guardian Name:

Relationship to child

Address:

Home Phone

Mobile Phone

Work Phone

Email

Whānau/Parent/Guardian Name

Relationship to child

Address: (if different from child's)

Home Phone

Mobile Phone

Work Phone

Email

Whānau/Parent/Guardian Name

Relationship to child

Address:

Home Phone

Mobile Phone

Work Phone

Email

Whānau/Parent/Guardian Name

Relationship to child

Address:

Home Phone

Mobile Phone

Work Phone

Email

WHO CAN COLLECT YOUR CHILD?

EMERGENCY CONTACT DETAILS (Anyone other than a parent or caregiver)

Name	Name
Address	Address
Home phone	Home phone
Work Phone	Work Phone
Mobile Phone	Mobile Phone

Please list below the details of the people who are allowed to collect your child from Kindergarten.

NAME	PHONE NUMBER	RELATIONSHIP (if any)

Please tell us of any guardianship, custody or access arrangements that will help us support your family
Is there anyone who is NOT ALLOWED BY LAW to have access to your child?

You will need to give us a copy of a legal document as proof. Please list their names below

Name of person not allowed access to your child	Documentation received	
	Yes	No

CHILD SAFETY – MEDICAL INFORMATION

Your child's safety is important to us
Please complete the emergency and medical details below to help us provide the best care for your child

If your child gets upset when you leave the premises what would she/he do if they wanted you and were unsure? *E.g. would they try to find you?*

Does your child require a toileting plan? (e.g are they still in nappies)

Please tick as applicable	Yes	No
I have read and understand the "Infectious disease and Illness" Procedure		
I have read and understand the "Sleep" Procedure		
I have read and understand the "Food" Procedure		
I have read and understand the "Positive Guidance" Procedure		
I have read and understand the "Cyber-safety" Procedure		

MEDICAL DETAILS

Child's Name	
Doctor's Name and address	
Doctor's Telephone Number	

Please tick as applicable	Yes	No
Is your child up to date with their immunisations? (Please provide verification of all immunisations) <i>Immunisation Record Sighted</i>		
Medication – Category (iii) Medicines To be filled in if your child requires medication as part of an individual health plan, e.g. for an ongoing condition such as asthma or eczema etc and is for the use of that child only <i>Individual Health plan Completed and signed</i>		
Does your child have any special health needs, including allergies and medication requirements?		

If Yes – please explain and give details

Policy Statement: South Otago Kindergartens 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 form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.

STATEMENT OF UNDERSTANDING

<i>I understand that the teachers are only responsible for my child during Kindergarten sessions. I am responsible for seeing that my child gets safely to and from Kindergarten</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>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.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for the teachers to apply first aid and sunscreen to this child, and to change soiled or wet clothing when necessary.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for my child to be photographed or videoed at the kindergarten for learning-related purposes.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for any such images to be used in promotion/publicity purposes.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for my child to access the internet as part of the learning environment.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I accept responsibility for costs of any medical treatment required by my child in an emergency situation</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I understand my child will be taken to an alternative location during an emergency. This might be a local civil defence centre or other safe place.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
All personal information on your child will be kept secure and remain confidential.	

Fees Details

I have read and understand the kindergartens fee schedule and agree to the terms of trade.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that I will be responsible for any costs additional to attendance. (e.g. excursions, visiting performers)	<input type="checkbox"/> YES <input type="checkbox"/> NO

I have read, understood and answered the Statement of Understanding above

Signed by
Parent/Guardian/Caregiver.....

Date...../...../.....

Privacy Statement: All personal information on your child will be kept securely and remain confidential.

Enrolment Details

Name of child: _____

Details from my original enrolment form to Holiday programme have not change

Signed: _____

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	
Times enrolled Balclutha 9am-3pm Rosebank 8.45-2.45pm						Week Total hours:
Daily Hours						
20 Hours ECE at this service						Maximum 20hrs per week across all services
20 Hours ECE at another service						
Plus 10 ECE hours						Hourly Fee applies
Week 2						
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Week Total hours:
Daily Hours						
20 Hours ECE at this service						Maximum 20hrs per week across all services
20 Hours ECE at another service						
Plus 10 ECE hours						Hourly Fee applies

20 Hours ECE Details (option available to children aged 3, 4, and 5 years) Declaration:

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

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 information regarding 20 hours ECE.

Parent/Guardian Signature.....Date.....

Declaration:

I declare that my child is not enrolled in 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 authority to enrol this child.

I agree to the terms and conditions as stated.

I understand that in order to use my 20 hours free 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 South Otago Kindergarten Association, I declare that this form has been checked and all relevant sections have been completed

Teacher Signature:.....Date:.....

Other Comments:

