

WELCOME TO SOUTH OTAGO KINDERGARTENS

Kia Ora and haere mai!

Thank you for choosing kindergarten for your child

Our kindergartens are full of wonder and learning for all our children and we fill them with passionate teachers who are fully qualified, registered and kept up to date with all the latest research and professional development, so they can pass this on to your children, and often your entire family!

If this is your first time at a kindergarten and your first child you will be excited and scared all at the same time. If this is your 2nd, 3rd, 4th time and so on – there'll still be that mixed bag of emotions for you as each child is different.

Don't panic – that's what our teachers are trained to help with. Each kindergarten has its own Head Teacher and a friendly team of teachers to support your child's learning journey and welcome you into the kindergarten family.

If you get the chance before your child is due to start come in for a few hours, so you both get to meet the teachers and they can show you and your child around and get them used to the new exciting environment we have in each of our spacious purpose built kindergartens.

If not – don't worry, it won't be long before your child is settled in and asking why he/she can't go to kindergarten on Saturday!

If you have any questions please talk to any of our teachers and remember that kindergarten is a great place for children as well as adults to make friends.

So, hang around before and after session – talk to other parents, come along for a parent help morning or afternoon and see for yourself how your child learns so quickly and enthusiastically through play.

Let's get ready for this journey together.

*Gillian Melvin
Senior Teacher*

CHILD INFORMATION

Please ask the teaching team if you need help with any part of this form.

Thank You.

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:		
<input type="checkbox"/> 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 _____		Staff initials: _____
Child's date of birth: dd / mm / yyyy		Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
Child's primary residential address: _____ _____		
Post Code: _____		
Does your child have any special needs? (e.g. cultural or religious beliefs)	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES – please explain	
Names and ages of siblings	Name	Age
Which school will your child be attending?		
<p>Privacy Statement:</p> <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. You can find more information about national student numbers at: www.minedu.govt.nz/parents</p> <p style="text-align: center;">* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.</p> <p style="text-align: center;">The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.</p>		

FAMILY/WHĀNAU/CAREGIVER INFORMATION

PARENT, GUARDIAN & CAREGIVER DETAILS

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

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.

Parent Information Book: Please ensure that you read the information in the parent information booklet 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.

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

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 understand that I will need to give written approval for any time my child has to travel for a trip or excursion</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for my child to go for walk with the staff in the area around or close by the Kindergarten</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for my details to be given to the Kindergarten Committee for fundraising purposes</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for my child's name and date of birth to be given to the school he/she will be attending</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for samples of my child's art work to be used in displays – at the Kindergarten or in the community</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 and Teacher Education</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for any such photograph or video to be used for publicity purposes including newsletters, newspapers & South Otago kindergarten websites.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for the teachers to apply basic first aid including the use of Arnica, Antiseptic and Calendula for minor bruising and grazes ,sunscreen products and insect bite treatment to my child, and to change her/his soiled or wet clothing when necessary</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 agree to my child using or being involved with the use of IT(Information Technology) as part of the learning environment.</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
<i>I give permission for my child's address and phone number to be given to the Public Health Nurse for the B4 School Checks</i>	<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 ___ / ___ / _____

EXPECTED PAYMENTS - Milton

South Otago Kindergartens are Not for Profit organisations

At Milton Kindergarten, if your child is over 3 and is currently using all their '20 hours ECE' at this kindergarten (or if under 3 will take their '20 hours ECE' at this kindergarten when they turn 3), then you are entitled to ZERO fees.

'20 HOURS ECE' DETAILS

Is your child over 3 years old?

YES NO
If yes continue

Is your child using any of their '20 Hours ECE' for up to 6 hours per day, 20 hours per week at this Kindergarten?

YES NO

Is your child receiving '20 Hours ECE' at any other services?

YES NO

Please sign below 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 it deems necessary regarding the information provided in the '20 Hours ECE' Details Box to the extent necessary to make decisions about your child's eligibility for '20 Hours ECE'
- You consent to the early childhood 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 ____/____/____

Do you know if you are eligible for WINZ childcare subsidies?

(as this may help cover the expected payment invoice that you will incur if you do not allocate your '20 hours ECE' at Milton Kindergarten)

YES NO

If unsure please refer to our parent information booklet

I have read the above information and agree to use all my '20 hours ECE' at Milton Kindergarten to access the zero fee's offered

SIGNED BY PARENT/GUARDIAN _____ Date ____/____/____

Leaving Kindergarten

Families are expected to give two week's notice (excluding Holidays) for a child leaving or transferring between Kindergartens – other than for a child turning 5 and starting school.

(Note that expected payments may continue to be charged for two weeks if this notice period is not given)

DECLARATION

I certify that the above enrolment information is true and correct.

Name _____ Relationship to child _____

Signature _____ Date _____

Attach ANY changes to timetable HERE

ENROLMENT INFORMATION

For Office Use only

Application Date: ___/___/___ Start Date ___/___/___ Finish Date ___/___/___
School Day position or Sessional Position (Circle One please) Number of days preferred _____

PLEASE NOTE:

We do not run part sessions – children are enrolled either all day at the Milton & Rosebank kindergartens or am/pm/all day sessions at Balclutha Kindergarten

'20 Hours ECE' is for 3 & 4 year olds enrolled in teacher lead early childhood education service and some kohanga reo. The 20 hours ECE programme means no compulsory fees for up to **6 hours per day** and up to **20 hours per week**

START DATE: / /	Monday	Tuesday	Wed.	Thurs.	Friday	Total
Times Enrolled						
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						

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

ANY CHANGES TO THIS TIMETABLE MUST BE PRINTED OFF INFOCARE AND ATTACHED TO THIS SHEET

SPECIAL CIRCUMSTANCES (if applicable) please state: _____

Casual Enrolment:

DATE:	TIMES:	PARENTS SIGNATURE:

School Visit permission:

DATE:	TIME:

Who will drop off your child to their school visit? :

Who will return your child back to kindergarten after school visit? :

While my child is on school visits I understand that they are not the responsibility of the kindergarten teachers until they have been returned to kindergarten and signed in to the session.

Parent/Guardian Signature: _____

Date: ___/___/___

Dual Enrolment Agreement

I hereby declare that my child is not enrolled in any other early childhood centre at the same times that he/she is enrolled at South Otago Kindergarten. (This is a requirement by the Ministry of Education)

SIGNATURE OF PARENT/GUARDIAN _____ Agreed Start Date ___/___/___

WHY DID YOU CHOOSE KINDERGARTEN?

In the past kindergartens have relied and survived heavily on word of mouth for new enrolments.

Nowadays in our ever changing world various forms of promotion are used to inform families/whānau what kindergarten is about.

It would help us a lot if you could let us know how you heard about us and why you chose kindergarten.

Please tick ALL that apply

I heard about kindergarten:

- I went here as a child
- Recommendation from family/whānau/friends
- Word of mouth
- Newspaper Advert
- Newspaper article
- Yellow Pages
- Website – South Otago Kindergartens own
- Facebook – other social media
- Outside Signage
- Brochure/Magnet/Flyer
- Local Kindergarten Event
- Other – please specify _____

I chose kindergarten because:

- I wanted high quality Early Childhood Education for my child
- Holiday Programme in Term break
- I wanted to be involved in my child's education
- I wanted 100% fully qualified and registered staff
- The hours suited
- It is easily affordable
- It's nearby
- Innovative programme e.g. Splashquotics, Active Agents etc
- Other – please specify

Thank you for choosing Kindergarten for your child

For Office Reference only

Please tear out and return this slip to the Association office

For Office Use only

CHILD'S NAME

Teacher Checklist	<input checked="" type="checkbox"/>
Child details entered	<input type="checkbox"/>
Ethnic group classification filled in	<input type="checkbox"/>
Contact and emergency details checked	<input type="checkbox"/>
Child Safety Medical information filled out	<input type="checkbox"/>
Transferred allergy information onto allergy list	<input type="checkbox"/>
Immunisation Certificate Sighted	<input type="checkbox"/>
Legal documents sighted and copied	<input type="checkbox"/>
Checked statement of understanding	<input type="checkbox"/>
Enrolment agreement signed	<input type="checkbox"/>
Starting Date filled in	<input type="checkbox"/>
Expected payment options discussed	<input type="checkbox"/>
Expected Payment Amount set out	<input type="checkbox"/>
Optional Charges Discussed and Explained	<input type="checkbox"/>
Checked through enrolment form with parent and all areas filled in	<input type="checkbox"/>
'Why did you choose kindergarten?' Filled in & returned to office	<input type="checkbox"/>

Teacher Declaration

On behalf of South Otago Kindergartens, I declare that this form has been checked and all the relevant sections have been completed.

Name: _____

Signature: _____

Date: ____ / ____ / ____