

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 Crawford
Senior Teacher

CHILD INFORMATION

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

Thank You.

Kindergarten you wish your child to attend (Please circle)	Balclutha(Full Year) Rosebank						
CHILD'S DETAILS							
Child's official surname or family name : _____							
Child's official given name : _____	Preferred name used : _____						
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Age				
Name	Age						
Which school will your child be attending?	_____						
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 2020. 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.education.govt.nz/parents * Information about acceptable identity verification documents is available online at www.education.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.							

FAMILY/WHĀNAU/CAREGIVER INFORMATION

PARENT, GUARDIAN & CAREGIVER DETAILS

Whānau/Parent/Guardian Name

Relationship to child:

Address: =

Home Phone:

Mobile Phone:

Work Phone:

Email:

This is the Associations preferred option to invoice families – please provide email address

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)
<p style="text-align: center;">Please tell us of any guardianship, custody or access arrangements that will help us support your family</p> <p style="text-align: center;"><u>Is there anyone who is NOT ALLOWED BY LAW to have access to your child?</u></p> <p style="text-align: center;">You will need to give us a copy of a legal document as proof. Please list their names below</p>		
Name of person not allowed access to your child	Documentation received	
	Yes	No

REDUCING FOOD RELATED CHOKING

South Otago Kindergartens are committed to ensure the safety of all children in their care and while it is not possible to remove all risk of choking, it can be reduced by following the guidelines from the Ministry of Health. These guidelines will be followed in the kindergarten if and we prepare or supply food. We also aim to provide information and support our family/whānau to follow these guidelines as they do provide the food for their children on a daily basis.

On enrolment we ask that you review the Ministry of Health guidelines on how to prepare age appropriate food for your child's lunch box.

Your Kindergarten teaching team will be able to provide you with a copy. We also require you to sign this section to acknowledge you understand that what food you provide in your child's lunch box is prepared in a way it can be eaten independently.

I, _____ (parents/caregivers name) have read and understood the reducing choking for babies and young children at early learning services information.

I understand I am responsible for providing food prepared in a manner in which I know my child can consume independently and safely in their daily lunch box.

Signed: _____ Date: _____

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?*

Please tick as applicable	Yes	No
I have read and understand the "Infectious disease and Illness" Procedure	<input type="checkbox"/>	<input type="checkbox"/>
I have read and understand the "Sleeping" Procedure	<input type="checkbox"/>	<input type="checkbox"/>
I have read and understand the "Food and drink" Procedure and received a copy of MOH guidelines	<input type="checkbox"/>	<input type="checkbox"/>
I have read and understand the "Positive Guidance" Procedure	<input type="checkbox"/>	<input type="checkbox"/>
I have read and understand the "Cyber-safety" Procedure	<input type="checkbox"/>	<input type="checkbox"/>

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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any special health needs, including allergies and medication requirements?	<input type="checkbox"/>	<input type="checkbox"/>

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 will provide the kindergarten with proof of my Covid vaccination status to be held with my child's enrolment so if I do volunteer as a parent help or spend time in the kindergarten, it is already held on file, this information will be kept private and is only for Kindergarten staffs knowledge</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>I give permission for my child to go for spontaneous walks with the staff in the area around or close by the Kindergarten, adult to child ratio will be maintained at the minimum 1:4.</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 graze, 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 agree to an online portfolio set up by Teachers in Story Park. I understand it belongs to me and my child and is my choice with whom I will share it with.</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 ___ / ___ / _____

ENROLMENT INFORMATION

Attach ANY changes to timetable from infocare HERE

For Office Use only

Application Date ___/___/___ Start Date ___/___/___ Finish Date ___/___/___
 School Day position Number of days preferred _____

PLEASE NOTE:

We do not run part sessions

'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**

DATE STARTED / /	Monday	Tuesday	Wed.	Thurs.	Friday	Total
Days Enrolled						
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: ___/___/___

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 ___/___/___

EXPECTED PAYMENTS- Balclutha & Rosebank

South Otago Kindergartens are NOT FOR PROFIT organisations

The current expected payment amount is \$4.00 per hour. This expected payment is to cover the expenses that our government funding does not contribute towards.

This is for children who are not allegeable to access the '20 Hours ECE' or for hours outside the '20 Hours ECE'. For further details please refer to the Expected Payment policy.

Children over 3 who enrol FULL TIME and use all their 20 hours ECE with us are eligible to 30 hours FREE.

'20 HOURS ECE' DETAILS Is your child over 3 years old?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your child receiving '20 Hours ECE' at any other services? Please sign below to confirm that: <ul style="list-style-type: none">Your child does not receive more than 20 hours of '20 Hours ECE' per week across all servicesYou 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 ____/____/____	<input type="checkbox"/> YES <input type="checkbox"/> NO
If your child is using all their '20 Hours ECE' at this kindergarten and is enrolled for the maximum hours, would you like to increase your free hours to 30?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you know if you are eligible for WINZ childcare subsidies? If unsure please refer to our parent information booklet	<input type="checkbox"/> YES <input type="checkbox"/> NO

I understand that the expected payment rate to the Kindergarten for children under 3 or for any additional hours used by 3, 4 and 5 year olds, over and above the '20 Hours ECE' is \$4.00 per hour. I understand I will pay for the position I have booked my child at Kindergarten – not the attendance. **If child does not attend first day of enrolment you will incur a charge even if eligible for 20 ECE hours.**

I have read and understood the expected payments procedure.

I agree to pay the Expected Payment FORTNIGHTLY .

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

Leaving Kindergarten

Families are expected to give two weeks' 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 _____

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. Splashquatics, 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	
	✓
Child details entered	
Ethnic group classification filled in	
Contact and emergency details checked	
Child Safety Medical information filled out	
Transferred allergy information onto allergy list	
Immunisation Certificate Sighted	
Covid vaccination status of Parent/caregiver sighted and copied	
Legal documents sighted and copied	
Checked statement of understanding	
Enrolment agreement signed	
Starting Date filled in	
Expected Payment procedure reviewed	
Expected payment options discussed	
Expected Payment Amount set out	
Checked through enrolment form with parent and all areas filled in	
Parents/caregivers have read and understood the Food and Drink recommendations for lunch boxes supplied from home	
'Why did you choose kindergarten?' Filled in & returned to office	

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: ____ / ____ / ____