



ENROLMENT FORM

Please ensure that you sign all required parts of this form – Thank you

Child's details:

Child's official given name:

Official Surname:

Name your child is known by:

Child's date of birth:

Male

Female

Ethnic origin:

Iwi your child belongs to:

Languages spoken at home:

Copy of official identity verification document*

OFFICE TO SIGHT

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Child's home address or addresses:

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: eli.education.govt.nz

Parents / Guardians:

During work hours, who should we contact primarily?

1. First Name:

2. First Name:

Surname:

Surname:

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:

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

Health and Medicine: <i>(please sign)</i>	
Family Doctors Details:	
Name of Doctor:	
Contact Phone Number:	
Clinic and Address:	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

Medicine:	
Centre provided medicine - Category (i) Medicines	
A category (i) medicine is a non-prescription preparation that is not ingested, but used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.	
Do you approve category (i) medicines to be used on your child?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
If permission is given the following category (i) medicines will be used on your child, provided by service:	
<ul style="list-style-type: none"> ▪ Arnica Cream 	<ul style="list-style-type: none"> ▪ Sun block
<ul style="list-style-type: none"> ▪ Insect bite treatment 	<ul style="list-style-type: none"> ▪ Bepanthen cream
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 or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.	
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:
_____	___ / ___ / ___

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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: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Tick One:</i>	
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (State time or specific symptoms)	
Please advise the centre if specific training is required to administer your child's medication.	
Parent/Guardian Signature: _____	Date: ____/____/____

Custodial Arrangements:	
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:

Excursions:	
Kakariki Kids has a forest area on-site and a fenced vegetable garden on-site which we use for daily excursions as part of our curriculum. Bike days are held on-site in our car park area.	
Do we have your permission to take your child on short outings into the forest?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do we have permission for your child to take part in on-site our bike day's?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ratio will be in accordance with ECE regulations and will not exceed 1 adult:4 children under 2 years & 1 adult:8 children over 2 years.	
All other outings will require signed parent permission and a ratio will be selected according to the planned events.	

Photo and Video Permission:	
Do we have permission to take photos, video recordings and written observations of your child for the purpose of assessment, planning and evaluation of their learning? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do we have permission to post photos of your child on our Facebook page? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Enrolment Details: Please see Fee Schedule attached

Date of Enrolment: ___/___/___ Date of Entry: ___/___/___ Date of Exit: ___/___/___

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours:
Times Enrolled:						

Please note next section is for children aged 3, 4 & 5 years only: 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. For 20 Hours ECE fill out boxes below with the hours attended e.g. 6 hours

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parent/Guardian Signature:

Date:

___/___/___

20 Hours ECE Attestation: (Please sign if applicable - child must be 3, 4 or 5 years of age)

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

Tick One Yes No

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

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 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 Kakariki Kids.

Parent/Guardian Signature:

Date:

___/___/___

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Optional Charges: for 3 - 5 yr olds \$2 per ECE funded hour (20hrs ECE hours)
(Please see **Fee Schedule attached** for more information)

1. The optional charge is for:

- Food: Morning and afternoon tea, late snack
- Additional teachers beyond the minimum regulated adult:child ratio
- Maintaining more than 80% qualified teachers
- Providing outstanding premises with on site forest

2. I understand that if I agree to pay for the optional charge, Kakariki Kids may enforce payment.

3. The agreement to pay the optional charge may be reviewed after 12 months at your request.

4. To make changes to your agreement please see your centre manager.

5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature:

Date: ____ / ____ / ____

Additional Information:

- We require parents to sign the register each day that their child attends.
- Information about Kakariki Kids philosophy, policies and procedures can be found in our centre or at www.kakarikikids.co.nz or on our Facebook page.
- Information about policy and philosophy reviews and how you can contribute will be published in regular newsletters.
- Any funding received from the Ministry of Education is spent on staff wages, resources and keeping the premises up to date with compliance and legal requirements.

Additional Person/s who may pick up your child:

First Name:	First Name:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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

Parent Declaration: *(Please sign)*

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

Parent/Guardian Signature:

Date:

___/___/___

Service Declaration:

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

Staff Signature:

Date:

___/___/___

WELCOME TO KAKARIKI KIDS!

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

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