

## KINDERGARTEN ENROLMENT AGREEMENT FORM

<b>CONFIDENTIAL</b>					
Kindergarten being enrolled in:		Discovery		Explorers	
Child's official surname or family name:					
Child's official given name:					
Child's official other names / middle names:					
Name your child is known by:		Surname / family name:		Given name:	
Copy of official identity verification document collected by Selwyn Kids		New Zealand Birth Certificate <input type="checkbox"/>		Foreign Birth Certificate <input type="checkbox"/>	
		New Zealand Passport <input type="checkbox"/>		Foreign Passport <input type="checkbox"/>	
Child's date of birth:			Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Child's nationality / ethnic origin/s:		Iwi your child belongs to:		Language/s spoken at home:	
Religion (optional)					
Child's primary residential address:			Postcode:		
<b>Parent(s) / Whanau / Regular caregiver details:</b>					
Name:					
Relationship to child:					
Email:					
Phone:		Day / Night:		Mobile:	
Address:					
<b>Parent(s) / Whanau / Regular caregiver details:</b>					
Name:					
Relationship to child:					
Email:					
Phone:		Day / Night:		Mobile:	
Address:					
Email address for newsletters / statements to be sent to:					
Child lives mainly with:					
Parent / Guardian Signature:				Date:	
<p style="font-size: small;">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 <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a>. Information about acceptable identity verification documents is available online at <a href="http://www.lead.ece.govt.nz">www.lead.ece.govt.nz</a> and <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a>. The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at our service.</p>					



**Who can collect your child?**

Your child's safety is important to us – only the people named below will be allowed to collect your child from Selwyn Kids. If someone else is collecting your child, you must let our staff know. Parents don't need to put their own name here as they are automatically authorised, unless forbidden through a court order.

Name:		
Relationship to child:		
Phone:	Day / Night:	Mobile:
Address:		

Name:		
Relationship to child:		
Phone:	Day / Night:	Mobile:
Address:		

Name:		
Relationship to child:		
Phone:	Day / Night:	Mobile:
Address:		

**Names of people who are forbidden by law to have access to your child or who have right of access subject to conditions. You will need to give us a copy of the relevant legal documentation (Access / Protection Orders) confirming this.**

Name:	Name:
Name:	Name:
Signed as sighted (Selwyn Kids staff member):	Date:

**Emergency Contacts: It is very important that you fill in this section.**

- This is for medical or civil defence emergencies.
- These people should not be your child's main caregivers, and if possible they should live nearby.
- They may be the same people in the box above (those authorised to collect your child).
- Please let these people know you have given their names as emergency contact.

Name	Phone / Mobile	Relationship to Child
1.		
2.		
3		
.		
4		
.		

**Child's Learning and Development**

Does your child have learning or development needs? Please give details.	
Name any support people or organisations that are currently working with your child (eg speech therapist)	
Family hopes and dreams for your child as they grow	

Medical / Health Information	
Family Doctor and/or Medical Centre:	Phone:
Child's medical conditions (eg Allergies, asthma – you may need to fill in a medical form with details of symptoms and treatment, including any medication that needs to be given to your child at Selwyn Kids)	
Name any specialist care your child is receiving (eg grommets, paediatrician)	
Any special dietary requirements?	
Is your child up to date with immunisations? Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunisation certificate sighted Yes <input type="checkbox"/> No <input type="checkbox"/> (centre use only)

Family / Whanau Information
Parent/s Occupation(s):
Have you any skills or resources that you can share with Selwyn Kids?

DECLARATION OF UNDERSTANDING	
Privacy: To comply with the Privacy Act, I give permission for the following to be made available (please tick)	
Parent/s name/s and telephone number: To Selwyn Kids staff <input type="checkbox"/> To health authorities <input type="checkbox"/>	Child's name and date of birth To the school your child is likely to attend <input type="checkbox"/> Name of School:
All other personal information on your child will be kept securely and remain confidential:	

I understand that the teachers are only responsible for this child during Kindergarten hours of operation. I am responsible for seeing that this child gets safely to and from Kindergarten.	Yes No
I understand that I will need to give written approval for any time that this child has to travel for a trip or excursion (by bus or taxi).	Yes No
I give permission for this child to go for walks with the teachers in the area around the Kindergarten. I understand that the ratio for these outings will be 1 adult to 4 children as per conditions of the excursion policy.	Yes No
I understand that the child's portfolio will be accessible to them and their family / whanau. I confirm that I will respect the confidentiality of other children's documentation.	Yes No
I give permission for my phone / address to be given to Kindergarten staff for fundraising purposes.	Yes No
I give permission for this child's name and date of birth to be given to the school he/she will be attending.	Yes No
I give permission for my child's samples of work to be used in displays; photograph and/or video to be used for publicity purposes including display on Selwyn Kids website, in advertising material and Selwyn Kids booklets or pamphlets.	Yes No
The Public Health Unit undertakes standard hearing, vision, health checks and Before School checks, I give permission to these to be carried out on this child and for the results to be discussed with this child's teacher if necessary.	Yes No
I give permission for the teachers to apply basic first aid, sunscreen and insect repellent products to this child, and to change his/her soiled or wet clothing when necessary.	Yes No
I give permission for teachers to obtain medical treatment for this child in an emergency and I accept responsibility for the expenses incurred.	Yes No
I understand that this child will be taken to an alternative location during an emergency. This might be a local civil defence or another safe place.	Yes No
I understand that my child may use ICT equipment to support their early childhood education.	Yes No
I give permission for Selwyn Kids to write observations and use digital images of my child for the purposes of programme planning and the compilation of my child's portfolio	Yes No
I understand that debts for outstanding fees will be passed onto a debt collection services whose fees for recovering such debts will be added onto the amount owed.	Yes No
Parent / Guardian Signature:	Date:

<b>Medicine</b>				
<b>Category (i) Medicines</b>				
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 Selwyn Kids and kept in the first aid cabinet. Note: Selwyn Kids must provide specific information about the category (i) preparation that will be used.				
Do you approve category (i) medicines to be used on your child?			Yes	No
Name/s of specific category (i) medicines that can be used on my child provided by Selwyn Kids:				
•		•		
•		•		
•		•		
Parent / Guardian Signature:			Date:	

<b>Category (ii) Medicines</b>				
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 or guardian for the use of that child only, or in relation to Rongoa Maori (Maori plant medicines), that is prepared by other adults at Selwyn Kids.				
I acknowledge that written authority from a parent / guardian is to be given at the beginning of the 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				
Staff: Medication agreement to be completed and signed for each incident.			Yes	No
Parent / Guardian Signature:			Date:	

<b>Category (iii) Medicines</b>				
To be filled in if your child requires medication as part of an individual health plan, for example an on-going condition such as asthma or eczema and is for the use of that child only.				
Staff: Medication agreement to be completed and signed for each incident.			Yes	No
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:	

**Fee Contract**

Please see Selwyn Kids fee policy for further details.

- For children over three, an hourly fee will be charged until a signed Attestation/ Enrolment agreement is received.
- Families who are not using all or any of their 20 hours ECE at Selwyn Kids will be asked to pay a fee for each hour that is not attested for the Government's 20 Hours ECE.
- I have read the Selwyn Kids policy and agree to pay any fees resulting from my child's enrolment at Selwyn Kids as per this policy.
- I elect to pay any required fees on the following basis:

Automatic Payment	<input type="checkbox"/>
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Internet Banking	<input type="checkbox"/>
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Parent / Guardian Signature:	
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Date:	
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**Early Childhood Education Information And 20 Hours ECE Attestation**

Does your child attend any other Early Childhood Service?

Yes

No

Which days and hours does he/she attend that service? (If your child is attending another ECE service, you must talk with Selwyn Kids about this)

Is your child receiving 20 Hours ECE for up to 8 hours per day, 20 hours per week at this service?

Yes

No

Is your child receiving 2 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 the Government's 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make any enquiries it deems necessary regarding the information provided in this section to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You also consent to Selwyn Kids providing relevant information to the Ministry of Education, and to other services your child is enrolled at, about the information contained in this box.

Parent / Guardian Signature:	
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Date:	
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**Dual Enrolment Declaration**

I hereby declare that my child is/not enrolled in any other Early Childhood Service at the same times that he/s he is enrolled at Selwyn Kids. I will let Selwyn Kids know if this situation changes.

Parent / Guardian Signature:	
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Date:	
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**Enrolment Details (to be completed and signed by parent / guardian when child starts or when there is a change to the agreed days of attendance)**

Date of Enrolment	
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Date of Entry	
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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	
Times Enrolled	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	TOTAL HOURS

For 20 Hours ECE fill out boxes below with hours attested eg 6 hours

20 Hours ECE at this service						TOTAL HOURS
20 Hours ECE at another service						TOTAL HOURS

Parent / Guardian Signature:	
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Date:	
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**Whanau Contributions (Optional)**

Whanau contributions support our high quality learning programme by helping us provide qualified teaching staff. All contributions are optional and go toward paying your kindergarten's teacher salaries. Whanau contributions are based on a voluntary donation from parents / caregivers. Any donation received makes a big difference.

We wish to make the following optional whanau contribution every term:

\$0	\$25	\$50	\$75	\$100	\$.....
Parent / Guardian Signature:					Date:

**Optional Charges – 3 – 5 Years Old Only**

Selwyn Kids charges an optional fee of \$85.00 per term for Explorers and Discovery.

This optional charge is for:

- Above minimum regulated teacher / child ratios
- Animals for your child to nurture and care for
- Ingredients for science experiments and cooking
- Cultural celebrations

Outings or special activities will be advised at the time and a cost recovery may be required.

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

The agreement to pay the optional charge is for the full enrolment period and understand it will be reviewed annually.

The rules about making changes to the optional fees are:

- If the funding rate decreases from the Ministry of Education
- General increases in running costs that require extra resourcing

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

I AGREE / DISAGREE to pay the optional charge for the activities / items specified in this enrolment form.

Parent / Guardian Signature:	Date:
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**General Information**

If there are any cultural or family practices that you wish us to incorporate into your child's programme please note below and discuss with Selwyn Kids.

How did you hear about Selwyn Kids

Facebook  Newspaper  Community Event   
 Flyer  Website  Referred by: \_\_\_\_\_

**Parent Declaration**

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

Parent / Guardian Signature:	Date:
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**Selwyn Kids Declaration**

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

Signed:	Position:	Date:
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Change of Days / Time of Enrolment						
Effective Date of Change						
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	TOTAL HOURS
For 20 Hours ECE fill out boxes below with hours attested eg 6 hours						
20 Hours ECE at this service						TOTAL HOURS
20 Hours ECE at another service						TOTAL HOURS
Parent / Guardian Signature:					Date:	

Change of Days / Time of Enrolment						
Effective Date of Change						
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	TOTAL HOURS
For 20 Hours ECE fill out boxes below with hours attested eg 6 hours						
20 Hours ECE at this service						TOTAL HOURS
20 Hours ECE at another service						TOTAL HOURS
Parent / Guardian Signature:					Date:	

Change of Days / Time of Enrolment						
Effective Date of Change						
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	TOTAL HOURS
For 20 Hours ECE fill out boxes below with hours attested eg 6 hours						
20 Hours ECE at this service						TOTAL HOURS
20 Hours ECE at another service						TOTAL HOURS
Parent / Guardian Signature:					Date:	

Change of Days / Time of Enrolment						
Effective Date of Change						
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	TOTAL HOURS
For 20 Hours ECE fill out boxes below with hours attested eg 6 hours						
20 Hours ECE at this service						TOTAL HOURS
20 Hours ECE at another service						TOTAL HOURS
Parent / Guardian Signature:					Date:	