

Enrolment Agreement Form

Fairlie Area Kindergarten
12 Sloane Street Fairlie
T: 03 685 8505 M: 0273 179 829
fairliearea.kindergarten@sck.nz

◆ Child's details:

◆ Date of Enrolment:

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:

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:

Child's Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.

Official Identification document/s sighted by staff:

☐ New Zealand birth certificate

☐ Foreign birth certificate

☐ New Zealand passport

☐ Foreign passport

Other _____

Staff initials: _____

◆ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see [Principle 3 - Collection of information from subject](#)). Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

◆ Parents / Guardians:

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
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:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
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:

Additional person/s who can pick up your child:

Name	Address	Phone number(s)	Relationship

◆ Custodial Statement	
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:
◆ Additional Emergency Contacts (also able to pick up child): <i>Emergency contacts <u>should be where possible</u> additional contacts to the parents/guardians and be available to collect your child in the event of an emergency</i>	
1. Given names:	2. Given names:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
◆ Child's doctor:	
Name:	Phone:
Name of medical centre:	

◆ Medicine

Category (i) Medicines

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 the service and kept in the first aid cabinet.

Note: The service must provide specific information about the category (i) preparations that will be used.

Do you approve category (i) medicines to be used on your child? Tick One Yes ☐ No ☐

Name/s of specific category (i) medicines that can be used on my child, **provided by kindergarten:**

- | | | |
|------------------------|-------------------------|--|
| ▪ Arnica cream | ▪ Sun block | ▪ Skin Calm |
| ▪ Antiseptic liquid | ▪ Insect bite treatment | ▪ Fluoride Toothpaste
(if kindergarten is involved in Te ha o Aoraki programme) |
| ▪ Other (please list): | | |

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: ____/____/____

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 ☐ No ☐
Tick One:

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: ____/____/____

Parent/Guardian/Caregiver – Statements of Understanding and Permission

Please ✓

I understand that teachers are responsible for this child only during the enrolled kindergarten hours and that I am responsible for seeing that this child gets to and from the kindergarten safely	yes	no
I understand that I will be required to give written consent for any excursion on which this child is required to travel by motor vehicle. Adult: child ratio is 1:3 or 2:4 where 4 or more children are transported in the same motor vehicle.	yes	no
I give permission for this child to be taken on spontaneous walks by teaching staff in the community to support the teaching and learning programme. Ratios for spontaneous excursion are 1 adult to four children.	yes	no
I give permission for my contact details to be made available to the Kindergarten Committee for fundraising purposes.	yes	no
I give permission for kindergarten teachers to give this child's name and date of birth to the school he/she will attend.	yes	no
I give permission for this child's Profile Book to be accessible in the kindergarten playroom.	yes	no
I give permission for this child's name to be published in kindergarten newsletters and the SCK Website.	yes	no
I give permission for this child to be photographed or videoed for <u>learning related purposes</u> while at kindergarten. This will include the processes of assessment, planning and evaluation and documentation on Educa on other children's stories.	yes	no
I give permission for this child to be photographed or videoed for printed or on--line promotions e.g. SCK Website or Instagram.	yes	no
I understand that while I am at kindergarten or any kindergarten related activity, I may have access to photos of other children and/or adults. I understand that I am not to share any photo(s) from kindergarten, kindergarten events or Educa on Facebook or similar social media sites if children or adults (other than my own) are in them.	yes	no
I give permission for this child to use suitable internet sites for educational purposes with teacher supervision.	yes	no
I give permission for samples of this child's artwork to be used in displays at the kindergarten or in the community.	yes	no
If your child has a health plan or may need evacuation support, I give permission for their photo to be displayed in a kaiako accessible area that may occasionally be visible to others.	yes	no
I accept responsibility for any expenses incurred in obtaining treatment for this child in an emergency situation.	yes	no
I understand that this child might be taken to an alternative emergency location during an emergency.	yes	no
I understand that in the event of an emergency, I will receive a group text message regarding situation and updates. If no service available a note advising of evacuation place (if applicable) will be on the gate at kindergarten.	yes	no
I give permission for visiting health professionals to be given our contact details.	yes	no
I give permission for kindergarten photographs which may include this child to be filed at the Timaru Museum and the SCK Head Office for the purpose of record keeping and memorabilia	yes	no
I confirm that I have read and understood the Ministry of Health food related guidance contained within this enrolment pack.	yes	no
I confirm that I have read and understood the Kindergarten Visitors Procedure Policy.	yes	no
I/We consent to becoming a general member of South Canterbury Free Kindergarten Association. A Member is entitled to exercise the rights of membership, including attending and voting at Annual General Meetings.	yes	no
I am aware of where I can access the following SCK procedures: 1. Procedure for the emergency closure of kindergartens 2. Sleeping children 3. Excursion 4. Administration of medication procedure 5. Sun safe procedure.	yes	no

◆ Enrolment Details:

Date of Enrolment: ____/____/____ Date of Entry: ____/____/____ Date of Exit: ____/____/____

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:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	Total hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

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

For all children fill out boxes below with agreed hours e.g. 6 hours

Fee paying at this kindergarten	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
SCK - Additional 10 Free Hours	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
Total regular hours at this kindergarten	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
Casual attendance at this kindergarten <i>If known</i>	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:

Total Weekly Fees to pay based on _____ hours X \$6.25 per hour = \$

Parent/Guardian Signature: _____

Date: ____/____/____

◆ 20 Hours ECE Attestation:

- | | | | | | |
|---|-----------------|-----|--------------------------|----|--------------------------|
| 1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service? | <i>Tick One</i> | Yes | ☐ | No | ☐ |
| 2. Is your child receiving 20 Hours ECE at any other services? | <i>Tick One</i> | 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 [insert name of service].

Parent/Guardian Signature: _____

Date: ____/____/____

◆ Parent Declaration

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 Fairlie Area Kindergarten, I declare that this form has been checked and all relevant sections have been completed.

Kindergarten Signature: _____

Date: ____/____/____

Change of Days/Times of Enrolment:						
Effective Date of Change: ____/____/____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						

For all children fill out boxes below with agreed hours e.g. 6 hours						
Fee paying at this kindergarten	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
SCK - Additional 10 Free Hours	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
Total regular hours at this kindergarten	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
Casual attendance at this kindergarten <i>If Known</i>	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
Total Weekly Fees to pay based on _____ hours X \$6.25 per hour = \$						
Parent/Guardian Signature: _____				Date: ____/____/____		

Change of Days/Times of Enrolment:						
Effective Date of Change: ____/____/____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						

For all children fill out boxes below with agreed hours e.g. 6 hours						
Fee paying at this kindergarten	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
SCK - Additional 10 Free Hours	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
Total regular hours at this kindergarten	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
Casual attendance at this kindergarten <i>If Known</i>	_____ hrs	_____ hrs	_____ hrs	_____ hrs	_____ hrs	Total hours:
Total Weekly Fees to pay based on _____ hours X \$6.25 per hour = \$						
Parent/Guardian Signature: _____				Date: ____/____/____		