



**Ranui Free Kindergarten**  
 253 Selwyn Street, Timaru  
 T 684 4469 E [ranui.kindergarten@xtra.co.nz](mailto:ranui.kindergarten@xtra.co.nz)

## Enrolment Form – Part A

Complete Part A of the Enrolment Form for entry onto the Kindergarten Waiting List

**Date of this Enrolment:** \_\_\_\_\_

<b>Child's details</b>		
Child's <b>official surname</b> or <b>family name</b> :		
Child's <b>official given name</b> :		
Child's <b>official other names / middle names</b> : (please separate names with a comma)		
<b>Name your child is known by / preferred name:</b>		
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 _____		<b>Staff initials:</b> _____
Child's <b>date of birth</b> :        /        /	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:		
<b>Privacy Statement:</b>		
<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.</p> <p>You can find more information about national student numbers at: <a href="http://www.minedu.govt.nz/parents">www.minedu.govt.nz/parents</a></p>		
<p>* 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>.</p> <p><b>The Kindergarten will keep a copy of the identity verification document of each child who is enrolled at the service.</b></p>		

<b>Current Home Address</b>			
<b>Change of Address</b>			
<b>Which School will your child attend?</b>		<b>What place in your family is this child?</b>	
<b>1. Parent/Guardian/Caregiver details</b> Name:  Relationship to child:		<b>2. Parent/Guardian/Caregiver details</b> Name:  Relationship to child:	
<b>Address (if different from child's)</b>		<b>Address (if different from child's)</b>	
Telephone numbers and contact details	<b>Home</b>	Telephone numbers and contact details	<b>Home</b>
	<b>Work</b>		<b>Work</b>
	<b>Mobile</b>		<b>Mobile</b>
	<b>E mail</b>		<b>E mail</b>

**For Kindergarten Use Only**

<b>Date of Enrolment:</b>	<b>Date of Pre-entry or induction:</b>
<b>Date of Entry:</b>	<b>Final date of enrolment/Exit:</b>
<b>Statistics New Zealand Ethnic Group Classification</b>	<b>Date Immunisation Certificate sighted and entered on Register</b>
<b>Date copy of any Court Order placed on file, if any</b>	<b>Contact and Emergency Details checked on date of entry</b>
<p>Please sign and date this form when enrolment information has been entered onto the APT Database</p> <p style="text-align: right;">Teacher's Name: _____</p> <p style="text-align: right;">Teacher's Signature: _____</p> <p style="text-align: right;">Date: _____</p>	

## Enrolment Form – Part B Health and Safety

Your child's wellbeing and safety are important to us. Please complete the details below when your child starts kindergarten. Notify the teachers immediately there are any changes to these details. Changes to this form must be signed and dated by the parent/guardian.

1. Emergency contact details		2. Emergency contact details	
Name:		Name:	
Address:		Address:	
Telephone numbers and contact details	Home	Telephone numbers and contact details	Home
	Work		Work
	Mobile		Mobile
	E mail		E mail

### Who can pick up your child from kindergarten?

Please list below the details of the people who are **allowed** to collect your child from kindergarten. Only those named below, over 14 years of age, will be allowed by teachers to **collect** your child from Kindergarten unless special arrangements are made

Name	Address	Telephone:	Relationship

### Who **cannot** collect your child from kindergarten?

Are there any custodial arrangements concerning your child?  
 Yes      No      (circle one)  
 If **Yes**, a copy of any court order is required and must be provided  
 Date of Court Order:

Name	Address	Telephone:	Relationship

### Health and Medical Information

Doctor's Name:	
Name and Address of Medical Centre:	
Telephone:	

**Health** Does your child have any special requirements we need to be aware of?  
 Please record details of special health needs including illness and allergies and any medication required

---

### Immunisation – Please provide verification of all immunisations

Is your child up-to-date with immunisations?    Yes    No    (circle one)

Teachers: Immunisation Certificate Sighted?    Yes    No    (circle one)

Date:

Information transferred to APT database/Register

Date:

## Medication

### Category (i) medicines

A category (i) medicine is a non-prescription preparation that is not ingested such as arnica cream, antiseptic liquid, sun block and insect bite treatment. It is used for the 'first aid' treatment of minor injuries, is provided by the kindergarten and kept in the first aid cabinet. Specific information about the category (i) preparations will be discussed with you when your child starts at kindergarten.

Name of specific category (i) medicines **provided by the kindergarten** that can be used on my child. Please write these below.

\_\_\_\_\_

Do you give approval for the above category (i) medicines to be used on your child?                      Yes      No      (circle one)

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 (on a separate form) 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:** This section of the Enrolment Form is to be filled in if your child requires medication as part of an individual health plan (for use by your child only). Examples include on-going conditions such as asthma or eczema.

Individual health plan completed and signed:                      Yes      No      (circle one)

Name of medicine: \_\_\_\_\_

Method and dose of medication: \_\_\_\_\_

When does the medicine need to be taken? Record the time and/or specific symptoms/circumstances below.

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 for walks by teaching staff in the vicinity of the kindergarten. While the requirements state the adult:child ratio should be 1:4, the SCFKA preferred adult:child ratio is 1:2.	yes	no
I give permission for my contact details (telephone no. email and/or address) 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	yes	no
I give permission for this child to be photographed or videoed for learning related and publicity purposes while at kindergarten. This will include the processes of assessment, planning and evaluation.	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 art work to be used in displays at the kindergarten or in the community	yes	no
I give permission for staff to apply basic first aid and sunscreen products to this child and to change her/his wet or soiled clothing when necessary	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 will be taken to an alternative emergency location such as a civil defence centre or other safe place in the event of an emergency	yes	no
I give permission for visiting health professionals to be given our contact details	yes	no

**Payment of Fees Contract**

I have read a copy of the SCFKA Fee Statement which explains the Kindergarten fees structure and agree to pay any fees arising from this child's enrolment at Kindergarten. I will pay fees as they are invoiced.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Declaration**

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

Signature of Parent/Caregiver/Guardian: \_\_\_\_\_

Date:

**Teacher Declaration**

On behalf of South Canterbury Free Kindergarten Association, I declare that this form has been checked and all relevant sections have been completed.

Teacher's Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Date:

# Enrolment Form – Part C Enrolment Agreement and Attestation

## Enrolment Agreement for \_\_\_\_\_ (Child's full name)

This section of the Enrolment Form is to be signed when this child starts kindergarten and when there is any change to the agreed days and times of attendance. This Enrolment Agreement is exclusive of school term breaks.

**Special 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.

Initial Enrolment Details						
Date of Enrolment: ___ / ___ / ___      Date of Entry: ___ / ___ / ___      Date of Exit: ___ / ___ / ___						
<b>Days Enrolled:</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	
<b>Times Enrolled</b>						<b>Total number of hours:</b>
<b>For 20 Hours ECE fill out boxes below with hours attested e.g. 6 hours</b>						
<b>20 Hours ECE at this Kindergarten</b>						<b>Total number of hours:</b>
<b>20 Hours ECE at another ECE service</b>						<b>Total number of hours:</b>
<b>Fee paying at this kindergarten</b>						<b>Total number of hours:</b>
<b>Total hours at this kindergarten</b>						<b>Total number of hours:</b>
<b>Casual attendance at this kindergarten</b>						<b>Total number of hours:</b>
<b>Parent/Guardian Signature:</b> _____ <b>Date:</b> ___ / ___ / ___						

## 20 Hours ECE Attestation

**(a) Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this kindergarten?**    Yes / No (circle one)  
**Note: there is no fee for any of the 20 Hours ECE**

**(b) Is your child receiving 20 Hours ECE at any other services?**    Yes / No (circle one)

If yes to either or both of the above, please sign below to confirm that:

- your child does not receive more than 20 hours of 20 Hours ECE per week across all ECE services
- you authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement, 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 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 (delete one) enrolled at another early childhood education service or home-based care service at the same times that he/she is enrolled at this Kindergarten.

I agree to let the Kindergarten know if this situation ever changes

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Enrolment Agreement for \_\_\_\_\_ (Child's full name)

**Special 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.

**Please note:** This part of the Enrolment Form **MUST** be completed by a Parent/Guardian and each change to the Enrolment Agreement must be signed and dated by a Parent/Guardian.

Change to Days and Times of Enrolment Agreement						Date change effective: _____
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total number of hours:
For 20 Hours ECE fill out boxes below with hours attested e.g. 6 hours						
20 Hours ECE at this Kindergarten						Total number of hours:
20 Hours ECE at another ECE service						Total number of hours:
Fee paying at this kindergarten						Total number of hours:
Total hours at this kindergarten						Total number of hours:
Casual attendance at this kindergarten						Total number of hours:
Parent/Guardian Signature: _____						Date: ____ / ____ / ____

Change to Days and Times of Enrolment Agreement						Date change effective: _____
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total number of hours:
For 20 Hours ECE fill out boxes below with hours attested e.g. 6 hours						
20 Hours ECE at this Kindergarten						Total number of hours:
20 Hours ECE at another ECE service						Total number of hours:
Fee paying at this kindergarten						Total number of hours:
Total hours at this kindergarten						Total number of hours:
Casual attendance at this kindergarten						Total number of hours:
Parent/Guardian Signature: _____						Date: ____ / ____ / ____

# Enrolment Agreement for \_\_\_\_\_ (Child's full name)

**Special 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.

**Please note:** This part of the Enrolment Form **MUST** be completed by a Parent/Guardian and each change to the Enrolment Agreement must be signed and dated by a Parent/Guardian.

Change to Days and Times of Enrolment Agreement						Date change effective: _____
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total number of hours:
For 20 Hours ECE fill out boxes below with hours attested e.g. 6 hours						
20 Hours ECE at this Kindergarten						Total number of hours:
20 Hours ECE at another ECE service						Total number of hours:
Fee paying at this kindergarten						Total number of hours:
Total hours at this kindergarten						Total number of hours:
Casual attendance at this kindergarten						Total number of hours:
Parent/Guardian Signature: _____						Date: ____ / ____ / ____

Change to Days and Times of Enrolment Agreement						Date change effective: _____
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total number of hours:
For 20 Hours ECE fill out boxes below with hours attested e.g. 6 hours						
20 Hours ECE at this Kindergarten						Total number of hours:
20 Hours ECE at another ECE service						Total number of hours:
Fee paying at this kindergarten						Total number of hours:
Total hours at this kindergarten						Total number of hours:
Casual attendance at this kindergarten						Total number of hours:
Parent/Guardian Signature: _____						Date: ____ / ____ / ____