

# ENROLMENT AGREEMENT

Registration on Waiting List form must be attached to this enrolment agreement.



Child's first name:	
Family name:	
Any Updated Address, Phone, Email Details from Registration form	

## Who can collect your child?

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

Name (1)		
Relationship to child:		
Phone:	Day/Night:	Mobile:
Address:		

Name (2)		
Relationship to child:		
Phone:	Day/Night:	Mobile:
Address:		

Name (3)		
Relationship to child:		
Phone:	Day/Night:	Mobile:
Address:		

Name (4)		
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.

1.	2.
Signed as sighted: (Head Teacher) :	
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 as 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 eg caregiver/nanny/aunt
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).	

**Medical/Health Information**

Family Doctor and/or Medical Centre:	Phone:
Child's Medical conditions: <i>(e.g. 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 Kindergarten.)</i>	
Name any specialist care your child is receiving (e.g. grommets, paediatrician)	
Is your child up to date with Immunisations? Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunisation certificate has been sighted <i>(Centre use only)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

**Family/Whānau Information**

Parent/s Occupation(s):
Have you any skills or resources that you can share with the Kindergarten?

**Early Childhood Education Information**

Does your child attend any other Early Childhood Service? (eg crèche, childcare), <input type="checkbox"/> Yes <input type="checkbox"/> No
Which days and hours does he/she attend that service? (If your child is attending another ECE service, you must talk with one of the Kindergarten Teachers about this.)
I hereby declare that my child is not enrolled in any other Early Childhood Service at the <b>same times</b> that he/she is enrolled at this Kindergarten. <b>I will let the kindergarten know if this situation changes.</b>

**2. Parent/Guardian Signature:** ..... **Date:** .....

## DECLARATION OF UNDERSTANDING

I give permission to apply basic first aid, and to apply the non-prescription preparations ticked below to my child . Arnica <input type="checkbox"/> Insect repellent <input type="checkbox"/> Insect bite treatment <input type="checkbox"/> Sunscreen <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for teachers to change my child's wet or soiled clothing when necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission to obtain medical treatment for my child in an emergency and I accept responsibility for the expenses incurred.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to have their ears and vision tested as part of the Ministry of Health screening programme and agree that my contact details may be passed on for any further follow up to the tests.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to be photographed or videoed as part of the kindergarten's documentation of learning.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for photographs/video of my child to be used for publicity purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child may use ICT equipment to support their early childhood education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child's portfolio will be accessible to my child and my family. I confirm that I will respect the confidentiality of other children's documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for samples of my child's work to be used in displays at the kindergarten or in the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the Kindergarten's excursion policy and agree to the adult: child ratios for short walks as described in this, and therefore I give permission for my child to go on short walks with the teacher/s in the area around the kindergarten.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I will be required to give written consent for any excursion in which my child is required to travel by motor vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that my child may be taken to an alternative location during an emergency. This might be a local civil defence centre or another safe place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that teachers are responsible for my child only during session times and that I am responsible for seeing my child gets safely to and from Kindergarten.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3. Parent/Guardian Signature:</b>	<b>Date:</b>
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## 20 HOURS ECE DETAILS

1. Is your child receiving all, or some of the Government's '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
2. Is your child receiving all, or some, of the Government's '20 hours ECE' at any other services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, to either or both of the above, please sign to confirm that: <ul style="list-style-type: none"> <li>Your child does not receive more than 20 hours of the Government's '20 hours ECE' per week across all services.</li> <li>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".</li> <li>You also consent to this kindergarten providing relevant information to the Ministry or Education, and to other services your child is enrolled at, about the information contained in this box.</li> </ul>	

<b>4. Parent/Guardian Signature:</b>	<b>Date:</b>
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## FEE CONTRACT

Please see Wellington Kindergartens' 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 kindergarten 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 Wellington Kindergartens Fees policy and agree to pay any fees resulting from my child's enrolment at kindergarten as per this policy.
- I elect to pay any required fees on the following basis:
 

Automatic Payment       Internet Banking       Cheque

<b>5. Parent/Guardian Signature:</b>	<b>Date:</b>
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# ATTESTATION/ENROLMENT AGREEMENT

To be signed when your child starts or when there is a change to the agreed days of attendance or use of the Government's "20 Hours ECE"

**Please note:** This enrolment agreement is only relevant to the times that the kindergarten is open during the year.

**Child's Name:** \_\_\_\_\_

**AGREED ENROLMENT DATES:**

PM	AM	Day	Finish
<b>Start Date:</b>	<b>Start Date:</b>	<b>Start Date:</b>	<b>Date:</b>

Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times enrolled						Total:
20 Hours ECE at this service (how many hours /day)						Total:
20 Hours ECE at another service (how many hours /day)						Total:
<b>6. Parent Signature:</b>			<b>Date:</b>		<b>Date to take effect:</b>	

I declare all the information provided throughout this enrolment form is true and correct to the best of my knowledge.

**7. Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Signed:** ..... **Position:**..... **Date:**.....

CHANGE OF ATTESTATION OR ENROLMENT 1	Date to take effect:					
Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times enrolled						Total:
20 Hours ECE at this service (how many hours /day)						Total:
20 Hours ECE at another service (how many hours /day)						Total:
<b>Parent Signature:</b>				<b>Date:</b>		

CHANGE OF ATTESTATION OR ENROLMENT 2	Date to take effect:					
Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times enrolled						Total:
20 Hours ECE at this service (how many hours /day)						Total:
20 Hours ECE at another service (how many hours /day)						Total:
<b>Parent Signature:</b>				<b>Date:</b>		

CHANGE OF ATTESTATION OR ENROLMENT 3	Date to take effect:					
Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times enrolled						Total:
20 Hours ECE at this service (how many hours /day)						Total:
20 Hours ECE at another service (how many hours /day)						Total:
<b>Parent Signature:</b>				<b>Date:</b>		