

ENROLMENT AGREEMENT FORM

63 St Georges Rd
Avondale, Auckland, 0600

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www.ackindy.org



Child's details:

Child's official given name : First Name		#NO:	
Child's official other names/middle names : Middle Name		(please separate names with a comma)	
Child's official surname or family name:			
Name your child is known by / preferred name:			
Surname / family name:		Given name:	
Child's date of birth: dd / mm / yyyy	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Child's primary residential address:			
Post Code:			
Child's ethnic origin/s:	Iwi your child belongs to:	Language/s spoken at home:	Church/Religion:
_____	_____	_____	_____
_____	_____	_____	_____

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:
Occupation:	Occupation:

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 cannot pick up your child:

Name:	Name:
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Emergency Contacts (also able to pick up child): (some one other than Parent/Guardian)

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:

Additional Person/s who can pick up your child

Name:	Phone:
Name:	Phone:
Name:	Phone:

Child's Doctor:

Name:	Phone:	Is your child up-to-date with immunisations?
Name of medical centre:		Yes <input type="checkbox"/> No <input type="checkbox"/>

For staff: Immunisation records copied and details recorded Tick On Yes No **Staff initials** _____

Health

Illness/allergies: Tick one: Yes No Specify: _____

If yes: Do you have an allergy plan?

For staff: Individual health plan sighted and a copy taken: Yes No **Staff initials:** _____

Are there certain foods that your child is not allowed to eat? Yes No If yes: _____

Medicine Declaration

Do you give permission for teaching staff to administer non-prescription medicines (eg., arnica cream, antiseptic liquid, inhalers or insect bite treatment spray, sunscreen etc.) that is not ingested, is used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet, to your child if required,? Yes No

Are there any non-prescription medicines that should not be used on your child? _____

Prescription/Non-prescription 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.

Name of medicine:
Method and dose of medicine:
When does the medicine need to be taken: (State time or specific symptoms)

For staff: Individual health plan sighted and a copy taken: Yes No **Staff initials:** _____

TERMS AND CONDITIONS OF ENROLMENT

This enrolment agreement is exclusive of school term breaks. Avondale Christian Kindergarten is not open during school holidays or on statutory holidays

- I wish to enrol my child and agree that I will pay the fees according to the fee schedule, (one week in advance). I understand that fees will be charged if my child is absent from the Kindergarten. I agree to give one week's notice in writing before withdrawing my child.
- I will not bring my child to the Kindergarten when they have an infectious illness, eg. Chicken-pox, but I will notify the Kindergarten. I will keep my child away from kindergarten for 48 hours after vomiting or diarrhoea.
- I will notify the Kindergarten, if we are going to be away from the Kindergarten for any reason or if I require a change of booked days. I also understand that any changes may not be possible immediately and the Administrator will advise me of spaces available.
- I will notify the Kindergarten if anyone other than those listed on this form is to pick up my child from the Kindergarten and I understand that my child is to be kept at the Kindergarten until permission is given.
- I will notify the Kindergarten if any of the details on this enrolment form change, eg. address, phone numbers, e-mail address, contacts, etc.
- In case of an emergency, and we as parents are not able to be contacted, I authorize the Avondale Christian Kindergarten to seek medical advice in the best interests of my child. I agree to pay for any medical costs incurred.
- I understand that in the case of a Civil Defence Emergency, children will NOT be released from the Kindergarten unless a parent, their emergency contact, or a person designated, in writing, by the parent comes for their child. Children unclaimed by parents after six hours may be moved to a Civil Defence Emergency Centre (Avondale College) where they will be accommodated by Civil Defence until reunited with their parents or relatives.
- I give permission for my child to go on walking trips around the church and school properties without seeking separate written consent. This includes the use of church and school facilities for kindergarten related activities. I understand that a ratio of 1:10 will be adhered to on these trips.
- I give permission for my child's first name and/or photo to be used for assessment, planning and evaluation documents, displays, in-house publications, power points and portfolios. These may also be used by student teachers for study purposes.
- I acknowledge that written authority from a parent is to be given at the beginning of each day medicines that are prescribed (such as antibiotics, eye/ear drops etc) or non-prescribed (such as paracetamol liquid, cough syrup etc) are to be administered. This information is to be written on the medicine register and signed for.

I have read the above Terms and Conditions of Enrolment

Parent/Guardian Signature: _____

Date: ____/____/____

Food Safety – I am aware that I provide a lunchbox for my child. I have been provided with information from MOH guidelines: Reducing food-related choking for babies and young children at early learning services.

Parent/Guardian Signature: _____

Date: ____/____/____

I agree that I will not put any images of other children, or their families enrolled at Avondale Christian Kindergarten on social media.

Parent/Guardian Signature: _____

Date: ____/____/____

Copy of official identity verification document* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

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

CYBERSAFETY AGREEMENT

Parents/caregivers/legal guardians are asked to read this information carefully as it includes information about your responsibilities relating to this agreement.

Avondale Christian Kindergarten undertakes to:

- enhance the children's learning through the safe use of ICT.
- encourage children to become familiar with, and investigate the uses of, a range of ICT equipment such as computers, cameras and photocopiers.
- develop children's awareness and understanding of ICT.
- endeavour to prevent access to illegal, inappropriate or harmful material on the internet or ICT equipment used at the Kindergarten.
- appropriately respond to any breaches
- answer any enquiries from parents/caregivers/legal guardians.

PLEASE CROSS OUT ONE OF THE FOLLOWING:

I **DO / DO NOT** give permission for my child to use ICT at the Kindergarten in an appropriate and supervised way.

I **DO / DO NOT** give permission for my child to be photographed and videoed by other parents/caregivers at kindergarten events and to be used in promotional material including our website, Facebook and Storypark at the discretion of the Head Teacher.

In giving permission I acknowledge that I:

- have read and understand the Avondale Christian Kindergarten Cybersafety Agreement.
- have been informed of the relevant ICT Policy.
- understand that these obligations and responsibilities relate to the safety of the children attending the kindergarten, and to the kindergarten's learning environment.

Parent/Guardian Signature: _____

Date: ____/____/____

Parent Declaration

I declare that all the information contained on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____

Date: ____/____/____

Service Declaration

On behalf of Avondale Christian Kindergarten, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____/____/____

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: www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

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

NAME:

#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:						Total hours:

For 20 Hours ECE fill out boxes below with the hours attested 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:

1. 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
2. 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 not** enrolled at another early childhood institution at the same times that he/she is enrolled at Avondale Christian Kindergarten

Parent/Guardian Signature: _____

Date: ___/___/___