

ENROLMENT AGREEMENT FORM

63 St Georges Rd
Avondale, Auckland, 0600

ph 09 828 3222
www.ackindy.org



Child's details:

Child's official given name: First Name

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

Female

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)

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

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 (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional Person/s who can pick up your child

Name:	Phone:
Relationship to child:	
Name:	Phone:
Relationship to child:	

Official Identification document/s sighted 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 _____	Staff initials: _____

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

Category (i) Medicine – these are non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatments) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the kindergarten and kept in the first aid cabinet.

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

Names of specific category (i) medicines that can be used on my child, provided by service: Arnica cream, Calamine Lotion, Anthisan cream

Parent/Guardian Signature: _____ Date: _____

Category (ii) Medicine – these 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 patent for the used of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the kindergarten.

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 does), and when (time or specific symptoms/circumstances) medicines 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.

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptoms)

(to fill in Medicine/Ointment Permission Form)

Parent/Guardian Signature _____

Date: _____

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

WALKING TRIPS: 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.

PRIVACY: 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.

ILLNESS: I will not bring my child to the kindergarten when they have an infectious illness, eg. Chickenpox, but I will notify the kindergarten. I will keep my child away from kindergarten for 48 hours after vomiting or diarrhoea.

FEES: 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.

CHANGE OF BOOKING: 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 any of the details on this enrolment form change, eg. address, phone numbers, e-mail address, contacts, etc.

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.

MEDICAL EMERGENCIES: 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.

CIVIL DEFENCE: 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.

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

POLICIES & PROCEDURES: Avondale Christian Kindergarten has several policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service and understand how you can have input to policy review.

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: ____/____/____

SOCIAL MEDIA: 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: ____/____/____

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 Information Communications Technology (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: ____/____/____

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

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:

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).

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.

CHILD'S NAME:**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 DeclarationI hereby declare that my child **is/ 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: ___/___/___