

**Napier Kindergarten Association – Confidential Enrolment Form / Pirimai Kindergarten**

Child	
Child's First Names _____	Surname _____
Name your child is known by _____	
Date of birth ____ / ____ / ____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnic origin _____	
Iwi your child belongs to _____	
Child's home address _____	
Post Code _____	

Parents / Guardians	
Name _____	Name _____
Address _____	Address _____
Post Code _____	Post Code _____
Phone (Home) _____	Phone (Home) _____
Phone (Work) _____	Phone (Work) _____
Phone (Mobile) _____	Phone (Mobile) _____
Email _____	Email _____
Relationship _____	Relationship _____

Emergency Contacts	
Name _____	Name _____
Address _____	Address _____
Post Code _____	Post Code _____
Phone (Home) _____	Phone (Home) _____
Phone (Work) _____	Phone (Work) _____
Phone (Mobile) _____	Phone (Mobile) _____
Email _____	Email _____
Relationship _____	Relationship _____

Doctor	
Name _____	Phone _____
Address _____	Post Code _____

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 number of hours

<b>For 20 Hours fill out boxes below with hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total number of hours
20 Hours ECE at another service						Total number of hours

Parent / Guardian Signature _____	Date ____ / ____ / ____
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**20 Hours ECE Attestation**

- Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this kindergarten? Yes  No
- Is your child receiving 20 Hours ECE at any other services? 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 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 kindergarten 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Statutory Holidays – The Napier Kindergarten does not open on Statutory Holidays**

**Term Breaks – This enrolment is exclusive of kindergarten term breaks**

**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 Pirimai Kindergarten

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

**Custodial Statement**

Are there any custodial arrangements concerning your child? Yes  No

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
Name	Name

**Person/s who can pick up your child**

Name	Name
Address	Address
Post Code	Post Code
Phone (Home)	Phone (Home)
Phone (Work)	Phone (Work)
Phone (Mobile)	Phone (Mobile)
Relationship	Relationship
Name	Name
Address	Address
Post Code	Post Code
Phone (Home)	Phone (Home)
Phone (Work)	Phone (Work)
Phone (Mobile)	Phone (Mobile)
Relationship	Relationship

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Health			
Illness / allergies?			
Is your child up-to-date with immunisations?	Yes		No
(Please provide verifications of all immunisations)			
Immunisations record sighted and details recorded	Yes		No

Medicine			
<b>Category (i) Medicines</b>			
A category (i) medicine is a non-prescription preparation (such as sun block, arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by Pirimai Kindergarten and kept in the first aid cabinet. Note – The Kindergarten must provide specific information about category (i) preparations that will be used.			
Do you approve category (i) medicines to be used on your child	Yes		No
Parent / Guardian Signature _____	Date ____ / ____ / ____		

<b>Category (iii) Medicines</b>			
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.			
Individual health plan completed and signed	Yes		No
Parent / Guardian Signature _____	Date ____ / ____ / ____		

Language			
Is English the main language spoken at home	Yes		No
If No – what is the main language spoken at home?			
If No - can your child understand greetings, simple instructions, questions or statements in English	Yes		No

School Details
Name of Primary School your child is likely to attend

Other
Please tell us about your child's strengths, interests or special needs.

**Declaration**

	Yes	No
• I understand that the teachers are responsible for my child only during session times and that I am responsible for seeing that my child gets to and from kindergarten safely	<input type="checkbox"/>	<input type="checkbox"/>
• I understand that I will be required to give written consent for any excursion on which my child is required to travel by bus / maxi taxis	<input type="checkbox"/>	<input type="checkbox"/>
• I give permission for my child to be taken by teachers for regular outings under the conditions of the excursion policy	<input type="checkbox"/>	<input type="checkbox"/>
• I am aware there are policies displayed in the kindergarten and will familiarise myself with them if necessary	<input type="checkbox"/>	<input type="checkbox"/>
• I give permission for my child to be included in any photos, videos and audiotapes taken by the teachers for educational purposes such as planning and evaluation	<input type="checkbox"/>	<input type="checkbox"/>
• I give permission for my child's photograph to be taken for publicity purposes, including display on the Association's website, in advertising material, AGM and other Association booklets or pamphlets	<input type="checkbox"/>	<input type="checkbox"/>
• I give permission for my telephone number and/or address to be made available to the kindergarten committee for fundraising purposes	<input type="checkbox"/>	<input type="checkbox"/>
• I agree for my child to be taken to the local doctor or hospital in the case of any emergency and to pay any medical costs	<input type="checkbox"/>	<input type="checkbox"/>
• I give permission for the teachers to apply basic first aid and to change my child's soiled or wet clothing when necessary	<input type="checkbox"/>	<input type="checkbox"/>
• I give permission for my child to be tested by an approved vision and hearing tester during kindergarten sessions	<input type="checkbox"/>	<input type="checkbox"/>
• I give permission for the kindergarten teachers to give my child's name and date of birth to the school he / she will attend	<input type="checkbox"/>	<input type="checkbox"/>
• I understand that my child may be taken to a civil defence centre in the event of an emergency	<input type="checkbox"/>	<input type="checkbox"/>

**Parent / Guardian Declaration**

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

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

**Kindergarten Declaration**

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

Head Teacher \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_