

Child's details	
Child's official surname or family name	
Child's official given name	
Child's official other names / middle names (please separate names with a comma)	
Name your child is known by / preferred name	
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 _____	Staff initials _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's date of birth _____ / _____ / _____	
Child's ethnic origin/s	
Iwi your child belongs to	
Language/s spoken at home	
Child's primary residential address	
Post Code _____	

Privacy Statement
<p>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.</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 www.minedu.govt.nz/parents</p> <p>*Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents</p> <p>The Ministry recommends that Ngā Tamariki o Ngā Hau e Whā Kindergarten keep a copy of the identity verification document for each child enrolled.</p>

Parents / Guardians	
Given name	Given Name
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

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Emergency Contacts - Person/s Who Can Pick Up Your Child

Given name	Given Name
Surname / family name	Surname / family name
Address	Address
Post Code	Post Code
Phone (Home)	Phone (Home)
Phone (Work)	Phone (Work)
Relationship to child	Relationship to child

Additional Person/s Who Can Pick Up Your Child

Given name	Given name
Surname / family name	Surname / family name
Address	Address
Post Code	Post Code
Phone (Home)	Phone (Home)
Phone (Work)	Phone (Work)
Relationship to child	Relationship to child
Given name	Given name
Surname / family name	Surname / family name
Address	Address
Post Code	Post Code
Phone (Home)	Phone (Home)
Phone (Work)	Phone (Work)
Relationship to child	Relationship to child

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

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Child's Doctor	
Name _____	Phone _____
Name of medical centre _____	
Address _____	Post Code _____

Health	
Illness / allergies? _____	
Is your child up-to-date with immunisations? (please provide verifications of all immunisations)	Yes <input type="checkbox"/> No <input type="checkbox"/>
For staff – Immunisation records sighted and details recorded	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medicine	
Category (i) Medicines	
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 kept in the first aid cabinet.	
Do you approve of the following category (i) medicines, provided by Ngā Tamariki o Ngā Hau e Whā Kindergarten be used on your child.	
<ul style="list-style-type: none"> Medical Wipes 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Stingose 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Saline Water 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Sunscreen 	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 the parent for the use of that child only.	
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 medication), how (method and dose) and when (time or specific symptoms / circumstances) medicine is to be given.	
Prescription medicines can only be administered if they are in the name of the child.	
For staff – Medication agreement to be completed and signed, for each incident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent / Guardian Signature _____	Date ____ / ____ / ____

Category (iii) Medicines	
Category (iii) medicines are prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream etc) medicine that is used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema etc) provided by the parent for the use of that child only.	
A medication agreement is to be completed if your child requires medication detailing what (name of medication), how (method and dose) and when (time or specific symptoms / circumstances) medicine is to be given.	
For staff – Medication agreement completed and signed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent / Guardian Signature _____	Date ____ / ____ / ____

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

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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	
For 20 Hours fill out boxes below with hours attested e.g. 6 hours							
20 Hours ECE at this service						Total number of hours	
20 Hours ECE at another service						Total number of hours	
Parent / Guardian Signature _____						Date ____ / ____ / ____	

20 Hours ECE Attestation	
<ul style="list-style-type: none"> Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this kindergarten? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Is your child receiving 20 Hours ECE at any other services? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that	
<ul style="list-style-type: none"> 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 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 ____ / ____ / ____	

Dual Enrolment Declaration	
I hereby declare that my child is / is not enrolled at another early childhood institution at the same times that he / she is enrolled at Ngā Tamariki o Ngā Hau e Whā Kindergarten	
Parent / Guardian Signature _____	
Date ____ / ____ / ____	

Statutory Holidays – Ngā Tamariki o Ngā Hau e Whā Kindergarten does not open on Statutory Holidays

Term Breaks – This enrolment is exclusive of kindergarten term breaks

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

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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 Ngā Tamariki o Ngā Hau e Whā Kindergarten, I declare that this form has been checked and all relevant sections have been completed.

Head Teacher _____

Date ____ / ____ / ____