

**Child's details**

Child's **official surname** or family name

Child's official **given name**

Child's **official other names / middle names**  
(please separate with a comma)

**Name your child is known by / preferred name**

Surname / family name

Given Name

Official identity verification document\*  
Copy of documents if collected by staff

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**Staff initials** \_\_\_\_\_

Male

Female

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**

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 the 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 <https://www.nzqa.govt.nz/login/national-student-number-nsn>

**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.**

**Parents / Guardians**

**1 Given name**

**2 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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**Parents / Guardians**

<b>3 Given name</b>	<b>4 Given name</b>
<b>Surname / family name</b>	<b>Surname / family name</b>
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

**Additional Emergency Contacts (also able to pick up child)**

<b>1 Given name</b>	<b>2 Given name</b>
<b>Surname / family name</b>	<b>Surname / family name</b>
Address	Address
Post Code    ___ _ _ _	Post Code    ___ _ _ _
Phone (Home)	Phone (Home)
Phone (Work)	Phone (Work)
Phone (Mobile)	Phone (Mobile)
Relationship to child	Relationship to child

**Additional Person/s Who Can pick Up Your Child**

<b>1 Given name</b>	<b>2 Given name</b>
<b>Surname / family name</b>	<b>Surname / family name</b>
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

**Custodial Statement**

Are there any custodial arrangements concerning your child	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If <b>YES</b> , 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

**Napier Kindergarten Association - Confidential Enrolment Form - North Clyde Kindergarten**

**Child's Doctor**

Name	Phone
Name of Medical Centre	

**Health**

Illness / allergies?

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Is your child up-to-date with immunisations? Yes  No   
(please provide verification of all immunisations)

**For staff** - immunisation records sighted and details recorded? Yes  No

**Medicine**

**Category (i) Medicines**

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.

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

Names of specific category (i) medicines that can be used on my child, provided by North Clyde Kindergarten

	Yes	No		Yes	No
Burnsheild Hydrogel	<input type="checkbox"/>	<input type="checkbox"/>	Sodium Chloride Irrigation Solution	<input type="checkbox"/>	<input type="checkbox"/>
Stingoes Gel	<input type="checkbox"/>	<input type="checkbox"/>	Vickers Antiseptic Cream	<input type="checkbox"/>	<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 a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

I acknowledge that written authority from a parent is to be given at the beginning of each day when a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine 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.

**For staff** Individual health plan signed and a copy taken Yes  No   
Tick One

Name of Medicine

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Method and dose of medicine

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

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

**Napier Kindergarten Association - Confidential Enrolment Form - North Clyde Kindergarten**

**Enrolment Details**

Date of Enrolment \_\_\_ / \_\_\_ / \_\_\_ Date of Entry \_\_\_ / \_\_\_ / \_\_\_ Date of Exit \_\_\_ / \_\_\_ / \_\_\_

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total number of hours

**For 20 Hours ECE fill out boxes below with the 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**

1 Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this kindergarten Yes  No

2 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 that 20 hours of 20 Hours ECE per week
- \* You authorise the Ministry of Education to make enquires regarding the information provided in the enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligility for 20 Hours ECE.
- \* You consent to North Clyde 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 North Clyde Kindergarten

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

Date \_\_\_ / \_\_\_ / \_\_\_

**Statutory Holidays - North Clyde Kindergarten does not open on Statutory Holidays**

**Term Breaks - North Clyde Kindergarten does not open during traditional school breaks**

**School Details**

Name of Primary School your child is likely to attend

**How Did You Hear About Kindergarten**

Please let us know how you heard about kindergarten

**Your Child**

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

# Napier Kindergarten Association - Confidential Enrolment Form - North Clyde Kindergarten

## Declaration

	Yes	No	Parent Initial
I understand that the teachers are responsible for my child only during session times and I am responsible for seeing that my child gets to and from kindergarten safely	<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 which dictates the adult to child ratio for each excursion	<input type="checkbox"/>	<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 taxi and that I will be informed of the adult to child ratio for each excursion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my child may be evacuated to a civil defence centre or other safe assembly point, in the event of an emergency	<input type="checkbox"/>	<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 have received and read the Ministry of Education and Ministry of Health, <b>Reducing food-related choking for babies and young children at early learning services</b> , pamphlet	<input type="checkbox"/>	<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"/>	<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 my telephone number and/or address to be made available to the kindergarten committee for fundraising purposes	<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 consent as indicated below to photos or videos of my child being taken for			
* My child's narrative learning stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Any Napier Kindergarten marketing or media release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Napier Kindergartens' social media posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Napier Kindergartens' Association AGM reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Napier Kindergartens' professional observation and reporting of feedback regarding teaching practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I acknowledge I have been advised that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Any images of my child I have consented to being taken, remain the property of the Napier Kindergarten Association in perpetuity			
* I can change my consent at any time			
* I can request images uploaded by Napier Kindergartens to the internet, be deleted			
* I may only take photos or video's of my child and no other child, at kindergarten			
* I understand that images of my child uploaded to the internet may no longer be under the control of Napier Kindergartens even if deleted			

## 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 this North Clyde Kindergarten, I declare that this form has been checked and all relevant sections have been completed

Head Teacher Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_