



Fairleigh Kindergarten Enrolment Form

27a Garden Road, Merivale, Christchurch.
Telephone (03) 3554502
www.kindergarten.co.nz
Email: admin.fairleigh@kindergarten.co.nz

Child's details:

Enrolment Date: dd / mm / yyyy Start Date: dd / mm / yyyy Finish Date: dd / mm / yyyy

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* sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Child's date of birth: dd / mm / yyyy

Male

Female

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 Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

Privacy Statement: All personal information on your child will be kept securely and remain confidential.
Any changes to this form **must** be signed and dated by the parent/guardian.

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:
Additional Emergency Contacts (also able to pick up your child):	
Given names:	Given names:
Surname / family name:	Surname / family name:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
Given names:	Given names:
Surname / family name:	Surname / family name:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

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 <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

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Health	
Allergies:	
Ongoing Medical Conditions:	
Is your child up to date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted, and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

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 Fairleigh Kindergarten and kept in the first aid cabinet.	
Do you approve category (i) medicines to be used on your child?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by Fairleigh Kindergarten:	
▪ Arnica Cream	▪ Stingose
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 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 allergies, an on-going condition such as asthma or eczema etc and is for the use of that child only.	
For staff: Individual health plan uploaded on SafetyNest:	<i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken? (State time or specific symptoms)	
Parent/Guardian Signature: _____	Date: ____/____/____

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Parent Declaration		
I acknowledge that my child enters Fairleigh Kindergarten at their own risk and that although proper care will be exercised at all times, Fairleigh cannot accept responsibility for misadventure at the kindergarten or on outings.	Yes	No
I understand that teachers are only responsible for my child DURING session times.	Yes	No
I will respect and keep to the start and finish times for my child. There is no exception unless in an absolute emergency.	Yes	No
I will notify the Staff and write in the diary if anyone other than those listed on this enrolment form are picking up my child from kindergarten. Their name MUST be added to the child's enrolment form.	Yes	No
I understand that I will be required to give written consent for any excursions on which my child is required to travel by bus.	Yes	No
I give permission for my child's name to be published in kindergarten newsletters.	Yes	No
I will keep my child at home if they are unwell and will inform the kindergarten if they have any infectious diseases e.g., Gastroenteritis, Chicken Pox, Conjunctivitis etc.	Yes	No
I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency.	Yes	No
I understand that my child may be taken to an alternative emergency location (Civil Defense Post – Elmwood School) in the event of an emergency.	Yes	No
I give permission for Staff to change my child's wet or soiled clothing when necessary.	Yes	No
I give permission for visiting health professionals to be given my child's name for hearing/vision testing.	Yes	No
I give permission for sunblock (Oasis brand) to be applied to my child as needed.	Yes	No
I have read and agree to the policies/procedures in the Pre-Entry Information Booklet.	Yes	No
I agree for my child's photograph to be used for advertising purposes. This may include Newspapers and Advertising Material.	Yes	No
I agree for my child's photograph to be used in our weekly Facebook posts.	Yes	No

Required Information for Licensing Purposes

From time to time the teaching team may take small groups of children on spontaneous excursions in the vicinity of the kindergarten. A risk assessment form is completed for ALL Kindergarten excursions and is kept for the duration of the excursion and is then filed on site at kindergarten for 2 years. Parents will be informed of any excursions that take place via School-Links text or a sign in the door in the morning.

- **Excursions:** I/We do/do not (circle one) give permission for our child to take part in walks in the local community with a minimum teacher:child ratio of 1:8
- **Photo/Video:** I/We do/do not (circle one) give permission for our child to be photographed for the purposes of assessment, planning and evaluation.

Parent/Guardian Signature: _____

Date: ____/____/____

Confidentiality Statement

Profile books are available for children and their families to look at and contribute to. We ask that you respect the privacy of individual children by viewing only your child's profile book. For accountability, staff may need to share your child's profile book with the Education Review Office. Please sign this Confidentiality Statement to show you agree with the above statements.

Parent/Guardian Signature: _____

Date: ____/____/____

SCHOOL my child may attend:

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

Enrolment Agreement

I confirm that my child is enrolled to attend the following sessions at Fairleigh Kindergarten

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 for these hours.						
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?			
<i>Tick One</i>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?		<i>Tick One</i>	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 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/is not enrolled at another early childhood institution at the same times that he/she is enrolled at Fairleigh Kindergarten.	
Parent/Guardian Signature: _____	Date: ____/____/____

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Optional Charges: (for children over 3 years of age only)

1. The optional charge is for:

- Above the ministry of education requirement staff: child ratio
- Outdoor space greater that required by the Ministry of Education
- 100% First Aid Qualified Staff
- Storypark
- Sunblock

2. I understand that if I agree to pay for the optional charge, Fairleigh Kindergarten may enforce payment.

3. The agreement to pay the optional charge will last for 12 months.

4. The rules about making changes to the agreement are:

- Agreement can only be revoked after 12 months from date of entry by written notice to service provider, signed by the parent/guardian.

5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I agree YES or do not agree NO to pay the optional charge for the activities/items specified in this enrolment form.

Parent/Guardian Signature: _____ Date: ____/____/____

Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks but **not** the Christmas school holidays.

Fairleigh Kindergarten is closed on all public statutory holidays and fees are charged as usual for these days.

Parent Declaration

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

Parent/Guardian Signature: _____ Date: ____/____/____

Service Declaration

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

Service Provider Signature: _____ Date: ____/____/____