

Enrolment Form

Trading name of the Canterbury Westland Kindergarten Association Incorporated

Kidsfirst Service _____ **Date** _____

This page must be completed for entry onto the waiting list. Ministry of Education regulations require us to collect this information for each child at a Kidsfirst service
Please ask the teaching team if you need help with any part of this form.
Once the entire form is completed - please provide parent/caregiver with a copy.
*Any changes to this form **must** be signed and dated by the parent/caregiver.*

CHILD'S DETAILS



Child's official given name (first name): _____

Child's official surname or family name: _____

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

Name child is known by / preferred name: _____

Surname / Family name: _____ Given name: _____

Child's primary residential address: _____
 _____ Post Code _____

Contact telephone number _____ Male Female

> Copy of official identity verification document collected by staff: (tick one).
Bring with you on your child's first day.

- | | | |
|--|--|---|
| <input type="radio"/> New Zealand birth certificate | <input type="radio"/> Australian Birth Certificate | <input type="radio"/> Foreign Birth Certificate |
| <input type="radio"/> New Zealand passport | <input type="radio"/> Australian Passport | <input type="radio"/> Foreign Passport |
| <input type="radio"/> New Zealand Citizenship Certificate | | |
| <input type="radio"/> Other _____ if choosing 'other' please fill out attached paperwork | | |

Staff initials: _____

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at a service.

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

Child's ethnic origin/s:	Iwi your child belongs to:	Language/s spoken at home:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Privacy Statement:

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. 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.

Enrolment Form continued...

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

PARENT & GUARDIAN DETAILS

Full Name _____	Full Name _____
Address _____ _____	Address _____ _____
City _____	City _____
Daytime phone number _____	Daytime phone number _____
Evening phone number _____	Evening phone number _____
Mobile phone number _____	Mobile phone number _____
Email _____	Email _____
Occupation _____	Occupation _____
Date of birth _____	Date of birth _____
Relationship to child _____	Relationship to child _____
<input type="radio"/> Can collect child in case of emergency	<input type="radio"/> Can collect child in case of emergency
Child's primary caregiver(s) _____	

STATUTORY HOLIDAYS

Your Kidsfirst Service is closed on the following statutory/public holidays:

New Year's Day
Day after New Year's Day
Waitangi Day
Good Friday
Easter Monday
ANZAC Day
Queen's Birthday
Labour Day
Local Anniversary Day
Christmas Day
Boxing Day



How did you find out about Kidsfirst ?

- Friends/Family
- Back of Buses, Bus Shelters or shopping malls
- Noticed the kindergarten sign
- Other advertising
- Always knew you were there
- Word of mouth

Why did you choose this Kidsfirst service?

- Heard good things about it
- Quality of service / quality of programme
- Close to work
- Close to home
- Close to schools
- Other children in family came here

Medical Details

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

FULL NAME OF CHILD:

MEDICAL DETAILS

Doctor's Name _____ Phone _____

Medical Centre Name and Address _____

Does your child have any special health needs, including allergies and medication requirements? YES NO

If YES - please explain or attach relevant documents _____

Does your child require assistance with:

- Nappy changing
- Toileting
- Sleeping
- Other _____



IMMUNISATIONS

Is your child up-to-date with immunisations? YES NO

Please tick the relevant illnesses your child has been immunised against
 (**please bring verifications of all immunisations on your child's first day**)

- | | | |
|-----------------------------------|------------------------------------|-------------|
| <input type="radio"/> Diphtheria | <input type="radio"/> HIB | Other _____ |
| <input type="radio"/> Tetanus | <input type="radio"/> Pneumococcal | _____ |
| <input type="radio"/> Pertussis | <input type="radio"/> Measles | _____ |
| <input type="radio"/> Polio | <input type="radio"/> Mumps | _____ |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Rubella | _____ |



Emergency Details

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

Your child's safety is important to us. Please complete the emergency details below to help us provide the best care for your child.

EMERGENCY CONTACT DETAILS (parent/caregiver or other contact)																				
Full Name _____	Full Name _____																			
Address _____	Address _____																			
City _____	City _____																			
Home _____	Home _____																			
Work _____	Work _____																			
Mobile _____	Mobile _____																			
Email _____	Email _____																			
Relationship to child _____	Relationship to child _____																			
<p>WHO CAN COLLECT YOUR CHILD? Please list below the details of people who are allowed to collect your child from our Kidsfirst service (other than those listed above or as the parent/guardians).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">NAME</th> <th style="width: 25%;">PHONE</th> <th style="width: 25%;">RELATIONSHIP</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			NAME	PHONE	RELATIONSHIP															
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PROTECTION ORDERS, SAFETY ORDERS AND FORBIDDEN ACCESS	
<p>Custodial Statement: Are there any custodial arrangements in place concerning your child? <input type="radio"/> YES <input type="radio"/> NO</p> <p>If YES, please provide details (this will be kept confidential)</p> <p>_____</p> <p>_____</p>	
<p>Forbidden Access: You must disclose to Kidsfirst Kindergartens any Police Safety Orders (PSO), Protections Orders, Parenting Orders, or any other Order of the Court or Police that may impact on your child, either immediately or in the future. A copy of the Order must be made available to Kidsfirst Kindergarten staff and an up-to-date photo of the person who is subject to the PSO may also be required for identification purposes.</p> <p>Please list the names below and attach the relevant documentation:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><input type="radio"/> Legal documentation is attached (Kidsfirst Kindergartens requires a copy of this documentation before access to collect a child is prohibited for any individual).</p> <p>I declare that all the above information is correct Name _____ Date __/__/____</p> <p style="text-align: center;">Signature _____ (Parent/Guardian/Caregiver)</p>	