

Office use only:

Date enrolled _____ Date started _____ Date leaving: _____ Sessions: _____ Parent pack _____
Recommended by _____ Immunisation _____ Sited by _____
NZ/Foreign Passport _____ NZ/Foreign Birth Cert. _____ Sited by _____



Shalom Kindergarten



Enrolment Form

Please complete the following details in full: (Please print)

Child's official surname/family name.....
Christian or given names..... Preferred name.....
Date of birth Gender
Place in family.....

Ethnicity Iwi of child.....
Language/s Spoken at home
Home address
Postal address if different to above

E-mail Address

Parents/Guardians:

Mother: Father:

Address Address.....
Phone no. (Home) Phone no.(Home).....
(Work)..... (Work).....
(Mobile)..... (Mobile).....

Child's doctor Medical practice

Emergency contact name and phone number other than yourself:

Name Name

Phone no..... Phone no.....

Relationship to Child Relationship to Child

The following persons are authorised to collect my child from Kindergarten:

.....

The following persons are forbidden by law to have access to my child, or, have access with conditions:

..... Legal papers copied and filed: Yes No

(A copy of any court order is required)

Illness/Allergies:

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as saline solution, suncream) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by Shalom Kindergarten and kept in the first aid cabinet.

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

Name/s of specific category (i) medicines that can be used on my child, provided by Shalom:

Please circle those you are agreeing to

- Saline Solution
- Sunscreen
- Stingose

I give / I do not give consent for my child to go on short walks around the City Church boundary and to Otumoetai Primary.

I give / do not give permission for my child to be photographed/videoed to be taken and used:

(Please circle) For advertising: Yes No By student teachers: Yes No
For our closed Facebook page : Yes No For Shalom website: Yes No
For wall displays : Yes No

I declare that any photos I take at Shalom Kindergarten will be for my personal use and will NOT be used on any social media forum if the images involve any other adult or child that is not in my family.

My child **is / is not** enrolled at another early childhood centre at the same times that he/ she is enrolled at Shalom Kindergarten.

I understand and accept the special character of Shalom Kindergarten.

PARENTS/ WHANAU / CAREGIVER

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

Parent / Whanau / Caregiver Signature : _____ Date: _____

SHALOM DECLARATION:

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

Signature: _____ Date: _____

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.

You can find more information about national student numbers at: eli.education.govt.nz

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 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:		
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"/>
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 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: ___ / ___ / ___

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