

**Application & Intake Form**
**Client No.**
**Section A – Parent/Guardian's Personal & Contact Details**

<b>First Name:</b>				<b>Surname:</b>			
<b>Title: (Please tick)</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)			<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date of Birth:</b>	DD/MM/YY
<b>Address:</b>							
<b>Phone Numbers:</b>	<b>Home</b>		<b>Work</b>		<b>Cell</b>		
<b>Email Address:</b>							
<b>Can we send you mail?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Ethnic Group:</b>	<input type="checkbox"/> NZ European <input type="checkbox"/> Maori (Iwi) _____ <input type="checkbox"/> Pacific I. _____ <input type="checkbox"/> Asian _____ <input type="checkbox"/> Other _____ Home language: _____			<b>Relationship to child:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Family Caregiver <input type="checkbox"/> Caregiver		

**Section B - Family Information**

<b>Relationship to Child:</b>							
<b>Partners First Name:</b>			<b>Partners Surname:</b>			<b>Date of Birth:</b>	DD/MM/YY
<b>Phone Numbers:</b>	<b>Home</b>		<b>Work</b>		<b>Cell</b>		
<b>Children/Dependant's Name:</b>				<b>Date of Birth:</b>	<b>Age:</b>	<b>Gender: (please circle)</b>	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	
				DD/MM/YY		M / F	

**Section C – Accommodation and Income Information (optional)**

<b>Accommodation Type:</b>	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Board	<input type="checkbox"/> Rent	<input type="checkbox"/> Other (please specify):			
<b>Income:</b>	<input type="checkbox"/> Wages	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Benefit	Community Services Card No:                      Expiry Date:			

# Enrolment Agreement Form

## ◆ 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:

☐ New Zealand birth certificate

☐ Foreign birth certificate

☐ New Zealand passport

☐ Foreign passport

☐ Other \_\_\_\_\_

Staff initials: \_\_\_\_\_

Child's date of birth: DD / MM/ YY

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:

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: [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents)

\* Information about acceptable identity verification documents is available online at [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).

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

## Confidentiality Disclosure:

**Collection of Information:** The information we collect will enable us to keep records about our work with people who use our services.

**Use of Information:** This information is kept to enable us to coordinate and manage the services we provide to you. This information will be treated as confidential.

**Access to Information:** Records will be kept in our secure client database and in lockable cupboards in our premises and access to this information will be restricted to authorised personnel. You may access personal information that we hold about you. You may also request us to correct any errors or delete any information we hold about you. VisionWest will not disclose any personal information to any other party without your consent unless there is a serious risk of safety to yourself or others.

**Parents /Guardians  
signature:**

X

**Date:**

<b>Custodial Statement:</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:
<b>Emergency Contacts (also able to pick up child):</b>	
<b>First name:</b>	<b>First 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):
Mobile:	Mobile
<b>Person/s who can pick up your child: (in addition to emergency contacts)</b>	
<b>1. Given names:</b>	<b>2. Given names:</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:
<b>1. Given names:</b>	<b>2. Given names:</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:

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

Health:	
Does your child have any illness/allergies:	
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 eg. Well Child Book, medical certificate etc)	
<b>For staff:</b> Immunisation records sighted and details recorded:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any concerns regarding your child's development and learning, or any behavioural issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please specify;	

Category (i) 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 (i) 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 (ii) 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.	
<b>For staff:</b> Individual health plan sighted and a copy taken:	<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: ____ / ____ / ____

### ◆ 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:

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

*Tick One* Yes ☐ No ☐

2. Is your child receiving 20 Hours ECE at any other services?

*Tick One* Yes ☐ No ☐

If yes to either or both of the above, please sign to confirm that:

- 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 VisionWest Christian Kindergarten.

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

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

### ◆ Optional Charges:

1. The optional charge is for:

- \$5.00 - Colour printing in your child's portfolio, I understand that my child's portfolio will be printed in black and white if I choose not to pay this optional charge.

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

3. The agreement to pay the optional charge will last for **36 months**.

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

- Parents must put their request in writing.
- 4 weeks' notice must be given or 4 weeks fees (if applicable).

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

6. I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

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

### ◆ Statutory Holidays / Term Breaks:

This enrolment agreement is **inclusive** of school term breaks.

VisionWest Christian Kindergarten is open all year except for the following:

- 3-4 week closure over the Christmas period
- Statutory Holidays
- 4 'Teacher Only' days during the year

### Additional Consents for your child:

I give consent for my child:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| ▪ To be photographed, videoed, observed for the purposes of assessment, planning and evaluation                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ To be photographed, and observed by Early Childhood students as part of their training and required written assignments | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ To take part in activities where other parents are taking photos or videos  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ▪ To take part in short local excursions/walks  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Other information:**

- **Policy Statement:** VisionWest Christian Kindergarten has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.
  - **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as the fee schedule, any other information provided to you on enrolment and also the information available in the parent library and around the centre.
  - **Social Media:** Please ensure that you have read the parents handbook about posting or publishing information, views, pictures etc of other children enrolled at VisionWest Christian Kindergarten on social networking sites such as Facebook, Twitter, MySpace, and LinkedIn along with blogs and wikis.
  - **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences;
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- **Transitional School Visits:** Children will be part of a 10 week "Transition to School programme" before turning age 5 years. However, parents will still need to organise visits to the school of their enrolment. This is usually a month before the child is due to start school.

**◆ 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 VisionWest Christian Kindergarten, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**There may be other services that we can help you with, would you like further information on:**

<input type="checkbox"/> Budgeting	<input type="checkbox"/> Counselling	<input type="checkbox"/> Foodbank	<input type="checkbox"/> Home HealthCare	<input type="checkbox"/> Community Care/Chaplaincy	<input type="checkbox"/> Housing
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Training Centre	<input type="checkbox"/> Furniture Bank	<input type="checkbox"/> School Uniform Bank	<input type="checkbox"/> Curtain Bank	<input type="checkbox"/> Community Groups & Church Services