



Enrolment Form

Confidential

Child's Surname..... First Name.....
 Child's Address:.....
 Name child is known as Date of Birth M / F
 Ethnic Origin If NZ Maori, Iwi affiliation

Parents/Guardian Name..... Phone No.....
 Address..... Mobile No.....
 Email..... Work No

(If different from above)

Parent/Guardian Name..... Phone No.....
 Address..... Mobile No.....
 Email..... Work No

Emergency Contacts: (other than parents/caregivers)

Name..... Relationship to child.....
 Phone No's.....
 Name..... Relationship to child.....
 Phone No's.....

Out of the Region emergency contact

Name..... Phone No.....
 Address.....
 Relationship to Child.....

I/We give permission for the following to pick up my child from kindergarten, all of the above names and.....

Is there anyone who by law is not allowed to pick up your child? If so legal documentation of custody needs to be sighted by the Supervisor.....

Doctor's Name..... Phone No.....

Medical Information: does your child have any allergies, diet, special health needs, medication required (an additional form needs to be filled in if your child has preventative medication)

.....

Is your child receiving or requiring Educational Support Services e.g. for speech, hearing etc
 Yes/No. Services you are receiving or are required

Is your child immunised? Yes/No

I will not bring my child to Pukeko Corner on days where they sick or have any infectious disease such as the flu, chicken pox, conjunctivitis, measles, head lice, or any vomiting or diarrhoea. Refer to Nga Kupu Oranga for infectious diseases

Signature.....

We/I give permission to the staff at Pukeko Corner to act in the event of an accident or medical emergency as they seem fit. This may require calling an ambulance or driving my child to the Katikati Medical Centre. Refer to Health and Safety Policy.

Signature.....

ACKNOWLEDGE AND AGREE THAT:

Please Circle

- My child can be taken on walks in the community with the ratio of 1:5 ratio staff: children. Yes/No
Other trips involving transport will have individual permission slips.
- My child will attend Kindergarten over the week term break holidays. Yes/No
- My child can be photographed or videoed in play as part of displaying children’s learning in our programme. Yes/No
- My child’s photo’s can be displayed on the Pukeko Corner website, newspaper or television Yes/No
- I consent to having my child’s progress of development and learning recorded Yes/No
- Kindergarten staff will be advised if any person other than myself is to collect my child Yes/No
- I give permission for Pukeko Corner staff to give child’s name and birth date to the school they will attend Yes/No
- I give permission for my child to be taken outside the kindergarten grounds in the case of emergencies for example the evacuation assembly point. Yes/No
- I give permission for students in training for Diploma in Teaching in ECE to observe my child and take photos as part of their programme. Yes/No
- I give permission for sunblock (N.O.M SPF 25, 100% Natural) to be applied to my child. Yes/No
- I have read Pukeko Corner Kindergarten’s Policies/Proceedures. Yes/No

Enrolment Details

Start date Signature..... 8.30am-2.45pm

Finish date..... Signature.....

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

I hereby declare that my child is not enrolled in another Early Childhood Centre at the same times he/she is enrolled at Pukeko Corner Kindergarten.

Signature.....

20 HoursECE

Is your child receiving 20 Hours Early Childhood Education up to 6 hours a day, Yes/No
20 hours per week at Pukeko Corner Kindergarten?

I agree to pay the optional fee of \$7.50 a day to cover the costs of having Grandpa Gary visit four days a week, high child:teacher ratios, ingredients for science experiments/cooking and snacks for morning tea Yes/No

I agree to pay the following fees:

AGE	8.30AM-2.45PM	
2 ½ - 3 year olds Or if not claiming 20 hours ECE	\$37.50 per day	
3-5 year olds Children claiming 20 hours ECE	Fee	1.50
	Optional Fee	7.50
	Total	\$9.00

NB: Fees are subject to review once a year and possible increases.

Fees terms and conditions.

- A non-refundable deposit of \$20 is payable upon- enrolment before your child begins. This is an administration fee.
- Kindergarten fees are payable as soon as your child starts, including when children are absent from Kindergarten either sick or on holiday. Fees are not payable when the Kindergarten is closed, however are payable when a parent stays at the Kindergarten for parent help or settling.
- Pukeko Corner will remain open over one of the two week term breaks, if you do not wish your child to attend in that time let Gina or Dianne know.
- You will be given an invoice at the beginning of each term for the full terms fees. You can choose to pay per term, month or fortnight as long as the fees are paid a fortnight in advance. A fee schedule is displayed on the notice board. We prefer online banking or cheques and would rather not have cash for safety reasons. Receipts will be placed in the name pockets if required. If you have problems paying fees please talk to Cathy, we will try our best to meet your needs.
- Management has the right to ask that the child does not attend if overdue fees have not been paid. We also reserve the right to use debt collection agencies to recover unpaid fees and to pass any costs of collection on to the child’s parent.
- If overdue fees are not paid by the date agreed to or specified in a written letter to the parent then the Kindergarten will hand the debt over to a debt-collecting agency.
- Two weeks’ notice is required if you intend to withdraw your child from Kindergarten. If no notice is given we must charge you for the session your child would have attended for the two weeks following your child’s last day. Your child is deemed to still be enrolled for that two weeks’ notice period. The Management however, may in special circumstances have the right to waive some, or all of this notice required.
- Upon leaving Kindergarten all fees due must be paid up on or before the last day that your child attends.

For more information refer to the Fees Policy.

I have read and understood and agree to comply with Pukeko Corners fee schedule, terms and conditions.

Name..... Signature.....Date.....

Office Use

Immunisation check	Data apt	Allergies	Signatures

Changes in enrolment for

Changed date.....Signature.....

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

Changed date.....Signature.....

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

Changed date.....Signature.....

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
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20 Hours ECE at this service						
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20 Hours ECE at this service						
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