

Office use: Date of Enrolment .....

**ENROLMENT FORM *CONFIDENTIAL***

Internet version, please staple

Brookfield Free Kindergarten  
77 Otumoetai Road  
Tauranga

A member of:  
Tauranga Regional Free Kindergarten Assoc. Inc.  
32 Christopher Street, PO Box 951  
Tauranga

**CHILD** First Names(s) ..... Surname ..... Date of Birth .....  
Usual Address ..... Male/Female (please circle)  
Change of Address .....  
Special Needs; If 'Yes' specify .....

Ethnic Origin of Child (e.g. Maori, Dutch, Asian) .....  
(this is required by the Ministry of Education for statistical purposes)

If your Child identifies as Maori, please enter name(s) of his/her iwi. If unsure, please enter "Dont know"	Iwi & Rohe	Iwi & Rohe	Iwi & Rohe
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***PARENT/GUARDIAN/CAREGIVER***

***PARENT/GUARDIAN/CAREGIVER***

Name ..... Name .....  
Address (if different from child's) ..... Address (if different from child's) .....  
Phone No. (Bus) .....(Pvt)..... Phone No. (Bus) .....(Pvt).....  
Email Address ..... Email Address .....

SIGNED ..... SIGNED .....  
DATE: ..... DATE: .....

**ADMISSION DETAILS - To be completed at time of admission**

***EMERGENCY CONTACT***

Name ..... Phone No. (Bus) .....(Pvt).....  
Address .....

Child's Doctor ..... Phone No. ....  
Medical Information (please record details of special health needs including allergies & any medication required)  
.....  
.....

Immunisation Certificate sighted? Yes  No   
Immunisation information transferred to register? .....date .....initial

School child is likely to attend .....

**OTHER IMPORTANT INFORMATION**

Only those persons named below will be allowed by staff to collect your child from the kindergarten (unless special arrangements are made):

Names(s) (14 years and over)	Phone No(s).
.....	.....
.....	.....
.....	.....

Names of any person expressly forbidden by law to have access to your child whilst at the centre (a copy of the legal document pertaining to this and a photo of person(s) must be provided) .....

**(Please notify the staff immediately if there are any changes to these details)**

⇒ I understand that the staff are responsible for this child only during session times and that I am responsible for seeing that this child gets to and from the kindergarten safely.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ I understand that I will be required to give written consent for any excursion on which this child is required to travel by motor vehicle.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ Standard vision, hearing and health checks are undertaken by Western Bay Health. I give my consent to these being carried out on my child and for the results of these checks to be discussed with my child’s teacher if necessary.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ I give my permission for this child to be taken by staff for walks in the vicinity of the kindergarten.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ I give my permission for my telephone number and/or address to be made available to the kindergarten committee for fundraising purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ I give permission for this child’s name to be published in kindergarten newsletters.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ I give my permission for this child to be photographed/videoed while at kindergarten.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ I give permission for any such photograph/video to be used for publicity purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ I give permission for staff to apply basic first aid and sunscreen products to this child and to change his/her soiled or wet clothing when necessary.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ I accept responsibility for any expenses incurred in obtaining treatment for this child in a emergency situation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ I understand this child will be taken to an alternative emergency location, e.g., civil defence centre, in the event of an emergency.	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ I acknowledge receipt of the Tauranga Regional Free Kindergarten Association Inc. Hazard Notice.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed .....	Signed .....
Parent/Guardian	Teacher
Date .....	Date .....

**ENROLMENT AGREEMENT INFORMATION**

I understand this child is enrolled to attend the following sessions at times specified in the Kindergarten License and is not enrolled to attend sessions at any other early childhood centre which are held at the same time as the sessions she/he is enrolled to attend at this kindergarten.

Agreed starting date for my child on the days identified below is:.....(Signed, Dated)

<b>OFFICE USE:</b>		M	T	W	T	F		
Initial	AM						<input type="checkbox"/>	Unconditional
Enrolment	PM						<input type="checkbox"/>	Conditional Signed & Dated
First Changed	AM						<input type="checkbox"/>	Unconditional
Enrolment	PM						<input type="checkbox"/>	Conditional Signed & Dated
Second Changed	AM						<input type="checkbox"/>	Unconditional
Enrolment	PM						<input type="checkbox"/>	Conditional Signed & Dated
Third Changed	AM						<input type="checkbox"/>	Unconditional
Enrolment	PM						<input type="checkbox"/>	Conditional Signed & Dated

(please fill in appropriate boxes)

**PLEASE NOTE:** Change's to enrolment arrangements must be immediately notified to a kindergarten teacher.

Date child finished kindergarten and removed from rolls:.....