



Office Use Only:

NSN: _____

Birth Cert/ Passport sighted: ☐

Dunedin Rudolf Steiner Kindergarten & Playgroup Enrolment Form

'Receive the child in Reverence, Educate the child Love, Let each go forth in Freedom'
— *Rudolf Steiner*

Personal Details

Child's Full Name			
Date of Birth		Male	Female
Siblings			
Ethnic Origin/s		Religion	
Iwi your Child belongs to			
Home Language(s)			

Parent / Guardian's Name			
Relationship to Child			
Address			
Address			
Contact Details	Hm	Wk	Cell
Email			
Do you wish to receive the weekly newsletter by email?	Yes	No	
I consent to my/ our contact details being published on the school, kindergarten & playgroup phone list.	Yes	No	
Occupation			

Parent / Guardian's Name			
Relationship to Child			
Address			
Address			
Contacts	Hm	Wk	Cell
Email			
Do you wish to receive the weekly newsletter by email?			
I consent to my/ our contact details being published on the phone list.	Yes	No	
Occupation			

Intended Start Date: _____

Actual start date and room to be agreed upon between the Teacher and Parent/s.

- ☐ Rata Room
☐ Kowhai Room
☐ Playgroup

How did you hear about the Dunedin Rudolf Steiner School, Kindergarten and Playgroups?

Do you intend for your child to continue on to the Dunedin Rudolf Steiner School?

Yes / no / maybe

Office Use Only: APT _____ Email _____ Phone List _____ Waiting List _____

Emergency Contacts *(please provide 2 emergency contacts in addition to parents detailed on front)*

Emergency Contact 1	Name		
	Relationship to Child		
Contact Details	Hm	Wk	Cell

Emergency Contact 2	Name		
	Relationship to Child		
Contact Details	Hm	Wk	Cell

Custodial Statement (Kindergarten Only)

Are there any custodial arrangements concerning your child?	Yes	No
If yes, please supply details of custodial arrangements or court orders (a copy of any court order is required).		
Name/s of persons who <i>cannot</i> collect your child		
Name/s of persons who <i>can</i> collect your child		

Information Required for Licensing

<ul style="list-style-type: none"> Please read the attached Excursions Procedure and provide consent for your child to take part in local excursions on foot as stated in that procedure. The adult to child ratio is 1 adult to 6 children (2 years and older). For under 2 year olds the ratio is 1 adult to 5 children. 2 adults are present for between 7 and 16 children. (Kindergarten Only)
<ul style="list-style-type: none"> Do you give your permission for your child to be photographed by teaching staff for the purposes of assessment, planning and evaluation and / or promotional material? YES / NO (Kindergarten and Playgroup)
<ul style="list-style-type: none"> Policy Statement The Dunedin Rudolf Steiner 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.
<ul style="list-style-type: none"> Parent Handbook Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service. It also highlights the expectations of families with regard to the special character of the Dunedin Rudolf Steiner School, Kindergarten and Playgroup. The Kindergarten expects parents to participate in fundraising events, working bees and community activities as required.
<ul style="list-style-type: none"> Privacy Statement All personal information on your child will be kept securely and remain confidential.
<ul style="list-style-type: none"> Statutory Holidays / Term Breaks The kindergarten closes as per the Ministry of Education term dates and the playgroups are term time only or as outlined by the playgroup coordinators.

Health & Well-Being

<p>Picture of Early Childhood Experiences <i>(birth, feeding, talking, child's likes and dislikes, and / or any aspect of your child or child's family you would like to comment on).</i></p>	
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Doctor	Name
	Phone

<p>Does your child have any allergies or illnesses? If so, please describe.</p>		
<p>Your child's immunizations: <i>Please provide a copy of immunization certificate.</i></p>	Complete 15 months	Some
	Complete 4 years	I do not wish to share information about my child's immunization status
<p>Immunization certificate sighted and recorded by the office?</p>		

Medicine

<p>A <i>category (i)</i> medicine is a non-prescription preparation (such as rescue remedy that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet. The kindergarten uses arnica and calendula cream. Sun cream is also administered daily.</p>		
<p>Do you approve category (i) medicines to be used on your child?</p>	Yes	No
<p>Details and exceptions</p>		
<p>A <i>category (iii)</i> medicine is medication your child requires 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</p>		

Individual Health Plan completed and signed? <i>(if appropriate)</i>	Yes	No
Parent / Guardian Signature:	Date:	

Parent / Guardian Declaration

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

Service Declaration

On Behalf of the Dunedin Rudolf Steiner Kindergarten and Playgroups, I declare that this form has been checked and all the relevant sections have been completed.

Head Teacher _____ **Date:** _____

Checklist for Kindergarten Parents

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- I have a Welcome Letter ☐
- I have a Parent Handbook ☐
- I have the Steiner Federation Curriculum Guidelines ☐
- I have a copy of the Excursions Procedure ☐
- I have paid my Enrolment Fee ☐
- I have a copy of the Schedule of donations ☐
- I have received a Philosophy Statement ☐
- I have supplied a copy of my child's birth cert/passport ☐
- I have a Vision & Hearing Screening Form ☐
- I have a list of what my child needs to bring to kindergarten ☐
- I am aware of the procedures for absence, notification of extended absence, change of hours and updating personal details ☐
- I have attended a Special Character Talk ☐

Checklist for Playgroup Parents

√

- I have a Parent Handbook ☐
- I have read a Playgroup Information Leaflet ☐
- I have supplied a copy of my child's birth cert/passport ☐
- I have put my child on the Kindergarten waiting list ☐
- I am aware that if I do not attend 3 sessions in a row I need to advise the facilitator of whether or not I wish to continue the playgroups or not. (This is so we can amend details and offer the place to another playgroup family). ☐

Playgroup Session Details (Please Circle the relevant time/s)

Location	Monday	Tuesday	Wednesday	Thursday	Friday
Maia					9am -11am
					11am -1pm
Pine Hill	10am -12pm		10am-12pm		10am-12pm

Do you wish your child to be placed on the Kindergarten Waiting List? Yes / No / Not sure yet

20 Hours ECE Attestation

(Children age 3-5 years old)

Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?	Yes	No
Is your child receiving 20 ECE at any other services?	Yes	No
<p>If yes to either or both of the above, please sign to confirm that :</p> <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 authorize 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. 		
<p>• <i>Voluntary Donations</i></p> <p>The kindergarten requests that parents make a voluntary donation to the kindergarten for each hour that their child attends under the 20 hours free scheme. This is a voluntary donation and not a charge. Do you agree to make the donation? Yes No</p>		

Enrolment details

Date of Enrolment:			Start Date:			
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours
Morning Session 8.45am – 1pm (4.25hrs)						
Afternoon Session 1pm – 3pm (2hrs)						
Hours Enrolled						
<p>For 20 Hours ECE fill out boxes below with hours attested e.g. 6 hours</p> <p>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.</p>						
20 Hours ECE at this service (4.25 or 6hrs p/day)						Total hours
20 Hours ECE at another service						Total hours
Parent/Guardian Signature: _____				Date: ____ / ____ / ____		

***Any changes to this enrolment agreement form must be signed and dated by the parent/guardian.
Thank you.***