

Dunedin Rudolf Steiner Kindergarten Enrolment Form

Full Name of Child: _____
Date of Birth: _____
Siblings: _____
Gender: (please circle) **Male** **Female**
Ethnic Origin: _____

Parent/ Guardian's Name:	_____	Parent/ Guardian's Name:	_____
Relation to child	_____	Relation to child	_____
Address:	_____	Address:	_____
Home Phone	_____	Home Phone	_____
Work Phone:	_____	Work Phone:	_____
Occupation:	_____	Occupation:	_____

Emergency Contact Person: _____
Phone: _____
Relationship to Child: _____

Health Information (allergies, medication): _____
Name and phone number of Doctor : _____

Picture of Early Childhood Experiences (birth, feeding, talking, illnesses, immunisations, child's likes and dislikes, any aspect of your child or child's family you would like to comment on):

How did you hear about the Dunedin Rudolf Steiner Kindergarten? _____

I would like to receive the weekly Dunedin Rudolf Steiner Trust Otago newsletter by email and my email address is: _____@_____



Agreement

I/we agree to:

- ❖ my/our child being treated with homeopathic first aid. This includes Arnica cream and Calendula cream.
- ❖ my/our child going for short walks on the School property (adult to child ratio of at least that which is required in the classroom)
- ❖ my/our phone number being published on a phone list available to other parents
- ❖ my/our child's birthday listed on a calendar
- ❖ my/our child's photograph to be used for promotion
- ❖ pay the kindergarten fees and participate in fundraising and working bees
- ❖ my/our child being supervised according to the supervision plan, sleeping procedure, and excursions policy which I have read and agree to the adult/child ratios
- ❖ my child being observed, photographed and evaluated by kindy staff and records kept there

I hereby state that my/our child *is not* enrolled at another service for the same hours of attendance.

*Personal information collected from the form remains confidential.
You are entitled to access the information and amend it if required.*

Signature(s): _____

Date: _____

Signature of Supervisor: _____

Date: _____

Date of Enrolment :		Starting Date of Child's Attendance:		Date of Exit:	
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Expected Days of Attendance:
(please circle day and session)

Monday am pm	Tuesday am pm	Wednesday am pm	Thursday am pm	Friday am pm
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Later Changes to Attendance

Monday am pm	Tuesday am pm	Wednesday am pm	Thursday am pm	Friday am pm
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Signature:

Date:

Monday am pm	Tuesday am pm	Wednesday am pm	Thursday am pm	Friday am pm
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Signature:

Date:

Monday am pm	Tuesday am pm	Wednesday am pm	Thursday am pm	Friday am pm
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I/we agree that the above information is accurate.

Date:

Signature:

Free Early Childhood Education Details

Is your child receiving Free Early Childhood Education for up to 6 hours a day, 20 hours per week at this service? Yes No (please circle)

If yes, have you completed an attestation form and attached it to this enrolment form?
Yes No (please circle)

I have agreed to pay the following fees :

Note : your service may not require you to pay fees for the Free ECE Hours your child is receiving.

I have agreed to pay the following optional charges:

Signed: _____

Custodial Statement

Are there any custodial arrangements concerning your child? Yes/ No

Please provide any detail:

Name(s) of person(s) denied access (if any):

Persons with your permission to pick-up your child:

Persons who cannot pick up your child :

Signed : _____ Date : _____

Immunisation Declaration

Schools and kindergartens are required by law to keep an immunisation register. The Kindergarten is here to provide an education for your children. Parents are free to make their own choices regarding immunisation, we therefore offer options in response to this, and list these below.

Please read these, tick a box, and return to the kindergarten. If you wish to share the immunisation status of your child, we require a copy of their immunisation certificate to be kept on file. The register and certificates are kept confidential and are not available for anyone unauthorised to read.

Please tick one box

- I do not wish to share information about my child's immunisation status
- My child's immunisation is incomplete; I agree to provide a copy of their immunisation certificate.
- My child's immunisation is complete; I agree to provide a copy of their immunisation certificate.

Parent's signature: _____ Date : _____

Other documents provided:-
Parent handbook
20 Hours free brochure for 3 and 4 year olds
Attestation form for 20 hours free
Hearing and vision permission form