



# Northland Kindergarten Association

Te Kura Kōhungahunga Tōpū o Te Taitokerau

## ENROLMENT/WAITLIST REQUEST FORM

CONFIDENTIAL

FOR ENROLLMENT / WAITLISTS REQUESTS

Full enrollment form is to be completed prior to child's admission/start date.

Kindergarten name: Choose an item.

### ◆ Child Details

Child's official surname or family name: \_\_\_\_\_

Child's official given name: \_\_\_\_\_

Child's official other names/middle names (please separate with a coma): \_\_\_\_\_

Name your child is known by/preferred name:

Surname/family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ☐ Male ☐ Female

Childs ethnic origin/s:	Iwi your child belongs to:	Language/spoken at home:

Child's primary residential address: \_\_\_\_\_

Post code: \_\_\_\_\_

### ◆ Parents / Guardians

Given names:	_____	Given names:	_____
Surname/Family name:	_____	Surname/Family name:	_____
Address:	_____	Address:	_____
Postcode:	_____	Postcode:	_____
Phone (Home):	_____	Phone (Home):	_____
Phone (Work):	_____	Phone (Work):	_____
Phone (Mobile):	_____	Phone (Mobile):	_____
Email:	_____	Email:	_____
Relationship to child:	_____	Relationship to child:	_____

### Child's Learning & Development

Does your child have learning or developmental needs? ☐ No ☐ Yes (Please give details below)

Please name any people or organisations currently working with your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Enrolment request details

The services provided by NKA Kindergartens are for children **over the age of 2** and are offered **free of charge**.

The kindergarten operates year-round and is closed on Public Holidays and during allocated dates throughout the year. Please speak with the staff and they will share with you some information on these dates.

Requested start date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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.

### Requested days of enrollment:

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times Enrolled						

## ◆ Privacy Statement

*All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see Principle 3 - Collection of information from subject). Additionally, all Privacy statements must include the exact wording below:*

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number\* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

\* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at [National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

***The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.***

## Privacy Declaration

*Details about your child's identity will be shared with the Ministry of Education (MOE), so an individual national student number can be issued*

To comply with the Privacy Act 2020, I give permission for the following to be made available (please tick box):

- ☐ Parent/s name/s and telephone number/s to Health Authorities and MOE
- ☐ Child's name and date of birth to the school your child is likely to attend. Name of school: \_\_\_\_\_

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

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

All other personal information on your child will be kept securely and remain confidential.