



Kohatu Development Ltd
 4 Te Mai Road
 Horahora
 Whangarei

Phone: 09 553 3272
 Email: kohatudevelopment@gmail.com

ENROLMENT FORM

Please tick sessions.

BEFORE SCHOOL

AFTER SCHOOL

SCHOOL HOLIDAYS

Has subsidy been approved?		Yes	No	Programme start date				
Has any payment been made?		Yes	No	Receipt No:				
Name				Date of Birth	Age	Ethnicity	Full Time	
Child(ren) Names	1							
	2							
	3							
	4							
SESSION BOOKINGS								
Please indicate Morning / Afternoon or both								
	Monday	Tuesday	Wednesday	Thursday	Friday			
Child(ren) Days	1							
	2							
	3							
	4							
CARER INFORMATION								
Please indicate the primary carers address for transport purposes (where applicable)								
	Name		Address			Contact Numbers		
Mother	Primary Carer? Yes / No					Hm: Work: Mobile:		
Father	Primary Carer? Yes / No					Hm: Work: Mobile:		
Email Address (Invoice purposes)								
Persons not authorised to pick up								
Authorised to pick up	Relationship:						Hm: Work: Mobile:	
Emergency Contact (1)	Relationship:						Hm: Work: Mobile:	
Emergency Contact (2)	Relationship:							
HEALTH INFORMATION							YES	NO
Are there any custody issues								
Does your child have any medical issues or medication that you require staff to administer while they are at the programme? Please describe.								
Does your child have any special needs we should be aware of? (Food, behaviour)								

TRANSPORT		
KDL provides transport. Please indicate if you wish to utilise this service		
Destinations	School location	Time
Morning – From home to programme		
Morning – From programme to school		
Afternoon – From school to programme		
Evening – From programme to home		
We require children to learn their Pepeha. If you are unsure how to do this, please speak to staff, they will be happy to help.		

Ko _____ te māunga	The mountain I affiliate to is _____
Ko _____ te awa / roto / moana	The river/lake/sea I affiliate to is _____
Ko _____ te waka*	The waka I affiliate to is _____ *
Ko _____ tōku tīpuna*	My (founding) ancestor is _____ *
Ko _____ tōku iwi	My tribe is _____
Ko _____ tōku hapū	My sub-tribe is _____
Ko _____ tōku marae*	My marae is _____ *
Nō _____ ahau	I am from _____
Ko _____ raua ko	My parents are _____ and
_____ ōku mātua*	_____ *
Ko _____ tōku ingoa	My name is _____

ACKNOWLEDGEMENTS		Yes	No
Please ask staff if you have any questions or wish to view any KDL Programme Policies & Procedures			
Enrolment	I have read and understand KDL programme policies.		
	I will ensure to notify KDL of any change of circumstances that may impact my child (ren's) enrolment		
	I understand that there are no refunds for any booked days, where my child is absent.		
	I give KDL staff authority to arrange any necessary urgent medical treatment at my cost, if I or my emergency contacts cannot be located.		
	I understand that KDL will not be liable for loss or damage to property my children bring to the programme.		
	I give permission for my child to have photos taken and used by KDL for promotional purposes.		
	I give permission for my child to go on trips away from the site.		
	I give my consent for Kohatu staff to sign my tamariki in and out of the programme. I am aware that it will be my responsibility to ensure the safety of my child (ren) if they leave unaccompanied.		
Limited confidentiality clause			
<i>"I acknowledge that the information contained herein is confidential and, pursuant to the Privacy Act, will only be strictly used by the (Social Services Accreditation & Kohatu Development teams) to effectively care for my child and not used or distributed for any other purposes. Representatives from the social services procurement team, Ministry of Social Development may view this information as part of the programme assessment process."</i>			
AUTHORISATION (to be signed by an authorised person only)			
Name (Please Print)	Signature	Date	