

# Application for Admission

KRISTIN KINDERGARTEN  
4-5 YEAR OLDS



# Application process & schedule of fees

## APPLICATION PROCESS

Once your application has been received, your child's information will be placed into a pool of applicants awaiting an interview. As places become available your child and family will be invited to an interview with the Kindergarten Manager. If your interview is successful, you will receive an offer of place at Kristin Kindergarten.

### Please complete this application form and return it to:

Admissions Manager, Kristin Kindergarten, PO Box 30087, Albany, Auckland. Email: kindergarten@kristin.school.nz

## ENROLMENT

If your application is successful you will receive an offer for interview at Kristin Kindergarten. If your interview is successful, the following will be required:

- Completion of our Enrolment Forms.
- Payment of the enrolment fee of \$200, as detailed below. This is non-refundable.
- Payment of a bond of \$500 which will be refunded when your child leaves Kristin Kindergarten, or, if you prefer, can be credited to your account if your child continues on to Kristin School.

Please be aware that enrolment at Kristin Kindergarten does not guarantee you a place at Kristin School, although children who have attended Kristin Kindergarten will be given priority upon application. You are advised to make a separate application if you wish your child to continue on to Kristin Junior School.

## CONSOLIDATED FEES 2022 – KRISTIN KINDERGARTEN / INCLUSIVE OF 15% GST

WITH 20 HOURS ECE FUNDING		
EXTENDED DAY / 7.30AM-5.30PM	TERM	MONTH
TUITION FEE	\$5,506.00	\$2,202.50
ACTIVITY FEE	\$52.50	\$21.00
<b>TOTAL</b>	<b>\$5,558.50</b>	<b>\$2,223.50</b>

  

FULL DAY / 8.00AM-4.00PM		
TERM	MONTH	
TUITION FEE	\$4,435.00	\$1,774.00
ACTIVITY FEE	\$52.50	\$21.00
<b>TOTAL</b>	<b>\$4,487.50</b>	<b>\$1,795.00</b>

  

OTHER FEES	
<b>KRISTIN ALUMNI ASSOCIATION</b>	
ONE OFF FEE FOR LIFE MEMBERSHIP	\$500.00

WITHOUT 20 HOURS ECE FUNDING		
EXTENDED DAY / 7.30AM-5.30PM	TERM	MONTH
TUITION FEE	\$6,778.00	\$2,711.00
ACTIVITY FEE	\$52.50	\$21.00
<b>TOTAL</b>	<b>\$6,830.50</b>	<b>\$2,732.00</b>

  

FULL DAY / 8.00AM-4.00PM		
TERM	MONTH	
TUITION FEE	\$5,765.00	\$2,306.00
ACTIVITY FEE	\$52.50	\$21.00
<b>TOTAL</b>	<b>\$5,817.50</b>	<b>\$2,327.00</b>

## 20 HOURS ECE

For all children aged three and over, the 20 Hours ECE subsidy is available, which contributes towards the cost of the programme and reduces the fees for the age group. More detailed information about this is available separately.

## HOURS

Kristin Kindergarten is open from 7.30am to 5.30pm, Monday to Friday. We are open throughout the year, closing for customary holidays and for four weeks over Christmas and New Year.

## MINIMUM ENROLMENT

Children are expected to attend Kristin Kindergarten five days a week, committing to a full term's placement. Placement will begin at the start of each term.

## WORK AND INCOME

WINZ can provide qualifying families with a childcare subsidy to help pay fees. We can provide you with the application form if required.

# Application Form

## STUDENT'S DETAILS

FAMILY NAME:

FIRST NAMES:

PREFERRED FIRST NAME: (IF APPLICABLE)

RESIDENTIAL ADDRESS:

POSTCODE:

POSTAL ADDRESS: (IF DIFFERENT)

POSTCODE:

TELEPHONE NO:

EMAIL ADDRESS:

DATE OF BIRTH: DAY/MONTH/YEAR

/

/

GENDER: MALE

FEMALE

OTHER

CURRENT KINDERGARTEN OR SCHOOL APPLICANT ATTENDS:

IS THE APPLICANT A NZ CITIZEN? (IF YES, PLEASE PROVIDE PROOF OF CITIZENSHIP)

YES

NO

IF NOT A NZ CITIZEN, WHICH NATIONALITY IS THE STUDENT?

(PLEASE PROVIDE A COPY OF PASSPORT)

IS THE STUDENT A PERMANENT RESIDENT OF NZ?

YES

NO

(NZ PERMANENT RESIDENTS MUST PROVIDE A COPY OF THEIR RESIDENCY PERMIT WITH THIS APPLICATION. HOLDERS OF NZ BUSINESS VISAS MUST PROVIDE A COPY OF THEIR BUSINESS VISA WITH THIS APPLICATION.)

WHICH LANGUAGE DOES THE STUDENT SPEAK AT HOME? (EG. MANDARIN, HINDI)

WHAT OTHER LANGUAGES DOES THE STUDENT SPEAK?

WHAT ETHNIC GROUPS DOES THE STUDENT BELONG TO?

IF THE CHILD IDENTIFIES AS MAORI, PLEASE ENTER THE NAME(S) OF HIS/HER IWI.

IWI:

IWI HOME AREA:

Please attach  
photograph of  
applicant here

HOW DID YOU FIRST HEAR OF KRISTIN  
KINDERGARTEN (EG FACEBOOK/ROAD  
SIGNAGE)?

## ENROLMENT PREFERENCES

PLEASE INDICATE WHEN YOU WOULD LIKE YOUR CHILD TO BEGIN AT KRISTIN KINDERGARTEN:  
(PLEASE NOTE, THIS IS SUBJECT TO AVAILABILITY)

MONTH:

YEAR:

Office use only

# Details of Parents & Guardians

## PARENT 1

TITLE:	FAMILY NAME:
FIRST NAME:	PREFERRED FIRST NAME:
RESIDENTIAL ADDRESS:	
	POSTCODE:
HOME TELEPHONE NO:	MOBILE NO:
BUSINESS TELEPHONE NO:	EMAIL:
OCCUPATION:	NAME OF COMPANY:
INDUSTRY/AREA OF ACTIVITY: (EG. BANKING, ENGINEERING)	
RELATIONSHIP (EG. FATHER)	FIRST LANGUAGE:

## PARENT 2

TITLE:	FAMILY NAME:
FIRST NAME:	PREFERRED FIRST NAME:
RESIDENTIAL ADDRESS:	
	POSTCODE:
HOME TELEPHONE NO:	MOBILE NO:
BUSINESS TELEPHONE NO:	EMAIL:
OCCUPATION:	NAME OF COMPANY:
INDUSTRY/AREA OF ACTIVITY: (EG. BANKING, ENGINEERING)	
RELATIONSHIP (EG. MOTHER)	FIRST LANGUAGE:

## ALUMNI

FAMILY MEMBERS OF THE APPLICANT WHO ARE CURRENT OR PAST PUPILS OF KRISTIN SCHOOL

NAME:	HOUSE:
NAME:	HOUSE:

## SIBLINGS NOT CURRENTLY AT KRISTIN

NAME:	DOB:	YEAR LEVEL:
RELATIONSHIP:		
NAME:	DOB:	YEAR LEVEL:
RELATIONSHIP:		

(We may use these details to send you information about Admissions events in the future.)

# Declaration

## ADDITIONAL INFORMATION

IS THERE ANY OTHER INFORMATION ABOUT YOUR CHILD YOU WOULD LIKE US TO KNOW?

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## PRIVACY ACT

1. We acknowledge that these records will be held and used by Kristin School and any other organisation or group that functions under the auspices of the School for any lawful activity that these bodies undertake.
2. We acknowledge that the information we have provided will be used to determine whether or not the applicant is offered a place at Kristin School.
3. We are aware of our rights to have access to the information, to request correction of it, to be informed of any action taken in response to such a request and to have attached to the information a statement that we have requested a correction. We agree to pay any reasonable charges in connection with these requests.
4. We acknowledge that the information may be provided to education authorities if required by law.
5. We authorise the School to obtain any information about the applicant that may be necessary to achieve the purpose of educating the School's pupils and to disclose any information obtained during the course of the applicant's education to the applicant's parents.
6. We acknowledge that if any information required by this application form is not provided, the application may be rejected.
7. We agree to our name, address and contact details being included on a class list for circulation to all parents in our child's year level.
8. We declare that the information contained in this application is true and complete. We understand that any false or incomplete information submitted in support of this application may invalidate this application and may result in the withdrawal of an Offer of Place. We agree that we have received sufficient information to make an informed decision about enrolment at Kristin School.

**I/We have read the above statement relating to the Privacy Act and agree to these conditions. I/We hereby submit an application for a place at Kristin School.**

Signature of Parent 1: \_\_\_\_\_

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

Signature of Parent 2: \_\_\_\_\_

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

Signature of Applicant if over the age of 16: \_\_\_\_\_

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

# Contact

Please post or email your completed Application Form to:

Admissions Manager  
Kristin Kindergarten  
PO Box 30087  
Albany, Auckland

For enrolment enquiries, or to arrange a tour of Kristin Kindergarten,  
please contact our Admissions Manager;

t: +64 9 415 5095

e: [kindergarten@kristin.school.nz](mailto:kindergarten@kristin.school.nz)

[www.kristin.school.nz](http://www.kristin.school.nz)