

Application for Admission

KRISTIN KINDERGARTEN
4-5 YEAR OLDS



Application Process and 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 300087, 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 2023 – KRISTIN KINDERGARTEN / INCLUSIVE OF 15% GST

With 20 Hours ECE Funding			Without 20 Hours ECE Funding		
Full Day / 8.00am-4.00pm	Term	Month	Full Day / 8.00am-4.00pm	Term	Month
Tuition Fee	\$4,701.00	\$1,880.00	Tuition Fee	\$6,111.00	\$2,444.00
Activity Fee*	\$52.50	\$21.00	Activity Fee*	\$52.50	\$21.00
Total	\$4,753.50	\$1,901.00	Total	\$6,163.50	\$2,465.00

HOURS

Kristin Kindergarten is open from 8.00am to 4.00pm, 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.

*The activity fee pays for all excursions, internal and external, that occur throughout the school terms.

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:

Gender: Male

Female

Other

Current Kindergarten or School applicant attends:

Is the applicant a New Zealand citizen? (If yes, please provide proof of citizenship) Yes

No

If not a New Zealand citizen, which nationality is the student?
(Please provide a copy of passport)

Is the student a Permanent Resident of New Zealand? Yes

No

(New Zealand Permanent Residents must provide a copy of their Residency Permit with this application. Holders of New Zealand 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 Māori, please enter the name(s) of his/her iwi.

Iwi: Iwi Home Area:

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

Please attach
photograph of
applicant here

Details of Parents and 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: DD / MM / YYYY	Year Level:
Relationship:		
Name:	DOB: DD / MM / YYYY	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?

Multiple horizontal grey bars for text input.

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.

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.

Declaration Cont..

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: DD / MM / YYYY

Signature of Parent 2:

Date: DD / MM / YYYY

Signature of Applicant if over age of 16::

Date: DD / MM / YYYY

Contact

Please post or email your completed Enrolment Form to:

Admissions Manager
Kristin Kindergarten
PO Box 300087
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

www.kristin.school.nz

