

Office use only:

Date of Enrolment: ___ / ___ / ___ Start Date: ___ / ___ / ___ Leave Date: ___ / ___ / ___

Junior Junction Lunn Ave Ltd.

Enrolment agreement form

09 527 3020

◆ Child's details:**National student number:**

Child's official surname or family name:

Child's official given name:

Child's official other names / middle names: (please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name:

Given name:

Copy of official identity verification document* collected by staff:

 New Zealand birth certificate Foreign birth certificate New Zealand passport Foreign passport Other _____

Staff initials: _____

Child's date of birth: dd / mm / yyyy

Male Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

◆ Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child. We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.

You can find more information about national student numbers at: www.minedu.govt.nz/parents

Junior Junction Lunn Ave Ltd
Phone: 09 527 3020

Email: lunnave@juniorjunction.co.nz
108 Lunn Ave, Mt Wellington

Parents / Guardians: Only the names on here are allowed to collect your child

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Occupation:	Occupation:
Person responsible for Account: Yes / No	Person responsible for Account: Yes / No
Relationship to child:	Relationship to child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:

Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Custodial Statement

Are there any custodial arrangements concerning your child?

If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)

Person/s who cannot pick up your child:

Name:	Name:
Name:	Name:

Health and Wellbeing

Child's doctor:

Name:

Phone:

Name of medical centre:

Health: **If your child has a chronic illness please complete the attached chronic illness form.**

Illness/allergies:

Is your child up-to-date with immunisations?

Tick
One

Yes

No

For staff: Immunisation records sighted and details recorded:

Tick
One

Yes

No

Medicine:

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries.

Do you approve category (i) medicines to be used on your child?

Tick
One

Yes

No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

▪

▪

▪

▪

Parent/Guardian Signature: _____

Date: ____/____/____

Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature: _____

Date: ____/____/____

Category (iii) Medicines

To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only.

For staff: Individual health plan sighted and a copy taken:

Tick One:

Yes

No

Name of medicine and dosage:

When does the medicine need to be taken: (State time or specific symptoms)

Parent/ Guardian Signature: _____

Date: ____/____/____

◆ Enrolment Details:

Date of Enrolment: ___ / ___ / ___ Date of Entry: ___ / ___ / ___ Date of Exit: ___ / ___ / ___

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.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
Parent/Guardian Signature: _____				Date: ___ / ___ / ___		

◆ 20 Hours ECE Attestation:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Tick One Yes No

2. Is your child receiving 20 Hours ECE at any other services?

Tick One Yes No

If yes to either or both of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

◆ Dual Enrolment Declaration

I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at **Junior Junction Lunn Ave**.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Information:

Junior Junction reserves the right to cancel this enrolment at any time.

- **This enrolment will be cancelled automatically on the child's 5th birthday unless a prior arrangement has been authorised**
- **Policy Statement:** Junior Junction has a number of policies that set out the procedures that are in place for the care and education of the children who attend. **We strongly urge you to read these.** The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.
- **Ratios:** Junior Junction endeavours to operate above the minimum requirements as stated in the Education (Early Childhood Services) Regulations 2008 and the Licensing criteria for ECE and Care centres 2008 during operating hours and planned/local excursions.
- **Parent Information Pack:** Please ensure you have read the information in the parent information pack, as it covers such things as fee details, and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences by completing **The all about me form** in the parent pack
- **Child Illness:** We are not able to look after sick children and no child can attend if they have been given paracetamol prior to arrival.

◆ Parent Declaration and Authorisation Agreement

I declare that all the above information is true and correct to the best of my knowledge.

- My child has my permission to participate in appropriate walks around the local area with other children and staff
- I give permission for my child to be taken to Whitecross A&E in Lunn Avenue, in the event of an injury that requires medical attention.
- Acceptance of enrolment of my child at this service is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. Management reserves the right to terminate enrolment or vary the conditions
- I authorise the centre to take photographs, video and sound recordings of my child for educational and security purposes.
- **I give permission for my child's photo and name to be posted on the Junior Junction Facebook page (initial if agree _____) Permission will be asked again prior to posting anything.**
- I agree to pay all childcare fees **one week in advance**. I understand that **absences and statutory days will be charged at the normal rate**. If any outstanding debt is **longer than 60 days**, I understand it will be passed on to debt collectors with the recovery charge added to the debt.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks. Junior Junction Lunn Ave Ltd is not open on statutory holidays.

◆ Service Declaration

On behalf of Junior Junction, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____ / ____ / ____

(Manager or Owner signature)

Will be completed monthly for children with Chronic Illnesses

Chronic Illness Form

This form is to be completed by parents in conjunction with staff, to ensure this child's individual health plan and/or medication is implemented correctly.

Child's Name: _____

Date: _____

Medication: _____

Details of any Chronic Illness/or condition

--

Implications or actions to be followed in relation to this.

--

Times and Dates Child has been given medication

Date	Time	Staff who administered	Staff who witnessed	Parents to acknowledge compliance

Parent Signature: _____

Date to be reviewed: _____