

# Junior Junction (St Jude)

## Early Childhood Education Centre

### ◆ 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:

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 <https://www.nzqa.govt.nz/login/national-student-number-nsn/>

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.

<b>Parents / Guardians:</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Occupation:	Occupation:
Relationship to child:	Relationship to child:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Relationship to child:	Relationship to child:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:

## Health and Wellbeing

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health:					
Illness/allergies:					
Is your child up-to-date with immunisations? <b>(Please provide verification of all immunisations)</b>	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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 and provided by the service and kept in the first aid cabinet.					
Do you approve category (i) medicines to be used on your child?	<i>Tick One</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>					
<ul style="list-style-type: none"> <li>▪ Anti-Flamme Arnica Cream (brand: Nature's Kiss)</li> <li>▪ Saline Solution (brand: various brands; dependent on availability)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Antiseptic Cream with Tea Tree Oil (brand: healthE)</li> </ul>				
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.					
<b>For staff:</b> Individual health plan sighted and a copy taken:	<i>Tick One:</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of medicine:					
Method and dose of medicine:					
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: ___ / ___ / ___						
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

◆ 20 Hours ECE Attestation:	
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 <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	Tick One    Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>	
Parent/Guardian Signature: _____ Date: ___ / ___ / ___	

◆ Dual Enrolment Declaration
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at Junior Junction St Jude.
Parent/Guardian Signature: _____ Date: ___ / ___ / ___

<b>20 ECE Hours Enrolment:</b>	
<b>20 ECE Hours Enrolment Terms</b>	<p>A unique 20 ECE hour enrolment space will be offered by Junior Junction (St Jude) under the following conditions:</p> <ul style="list-style-type: none"> <li>▪ No fees will be collected for any hours attested within the 20 ECE hour framework.</li> <li>▪ Allocation of ECE hours works on the formula of a maximum of 6 hours free per day, up to a total of 20 hours.</li> <li>▪ Any fees collected will be for attendance that occurs outside of the attested timetable, this includes partial hours.</li> <li>▪ If regular attendance outside of the agreed timetable is evident, a new timetable will be necessary. Fees will be recalculated to reflect the new timetable.</li> <li>▪ Junior Junction St Jude reserves the right to reconsider the terms of this enrolment offer at any time.</li> </ul>
<b>Charge</b>	\$16 per hour that is attended outside of the 20 ECE attested hours.
<b>20 ECE Hours Enrolment Declaration:</b>	
I hereby declare that I understand and agree to the terms listed above	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>◆ Optional Charges for 20 ECE Hours:</b>	
<b>Details of Charges</b>	<ul style="list-style-type: none"> <li>▪ Meal provision – Morning tea / lunch / afternoon tea / late snack – Including support for children with varying dietary requirements.</li> <li>▪ Sunblock provision for children during the warmer months.</li> </ul>
<b>Charge</b>	\$8 per enrolled day
<b>Declaration</b>	<ul style="list-style-type: none"> <li>▪ I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.</li> <li>▪ Declining to pay the optional charge indicates that I am agreeing to not have access to the additional items listed above.</li> <li>▪ The agreement to pay the optional charge will last for the duration of the 20 ECE enrolment period and will be invoiced weekly.</li> <li>▪ I understand that if I agree to pay for the optional charge, Junior Junction St Jude may enforce payment.</li> </ul>
The rules about making changes to the agreement are:	
<ul style="list-style-type: none"> <li>▪ 2 weeks notice must be given in order to make changes to your enrolled hours / days or optional charges.</li> <li>▪ Notice must be given in writing.</li> </ul>	
I agree/do not agree ( <i>select one</i> ) to pay the optional charge for the activities/items specified in this enrolment agreement form.	
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 5<sup>th</sup> 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**. Reminder: We have an open door policy so please read this before upsetting your child if you are popping in on your lunch break.

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

## ◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Junior Junction is **not** open on the following public holidays:

New Year's Day	Easter Monday	Labour Day
Day after New Year's Day	ANZAC Day	Christmas Day
Waitangi Day	King's Birthday	Boxing Day
Good Friday	Matariki	Local Anniversary Day

## ◆ 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 authorise the centre to take photographs, video and sound recordings of my child for educational and security purposes.

I **give permission / I do not give permission** (circle one) for my child's photo and first name to be posted on the Junior Junction website and on the Junior Junction St Jude Facebook page.

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ◆ 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Change of Days / Times of Enrolment						
Effective Date of Change: ____ / ____ / ____						
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
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Times Enrolled:						Total hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days / Times of Enrolment						
Effective Date of Change: ____ / ____ / ____						
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.						
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Times Enrolled:						Total hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						