



Junior Junction

Early Childhood Education Centre

Section One: Child's Details

National Student Number:

Preferred First Name:

Preferred Last Name:

Preferred Middle 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 **Official Full Name** (If different from above)

Gender: Male Female

Child's Primary Residential Address:

Address:

City:

Postcode:

Child's Alternative Address (if required)

Address:

City:

Postcode:

Child's Ethnic Origin/s:

Iwi Your Child Belongs To:

Language/s Spoken at Home:

Birth Date:

Application Date:

Starting Date:

Leaving Date:

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

Section Two: Medical Details

Child's Doctor:

Name of Medical Centre:

Medical Centre Address:

Phone Number:

Does our child have any allergies?	Does your child have special dietary requirements?

Immunisation

Is your child up-to-date with immunisations?	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For staff: Immunisation records sighted and details recorded:	Tick One	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Medicine: Category One

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

Do you approve category one medicines to be used on your child? Yes No

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

Parent/Guardian Signature: _____ Date: _____

Medicine: Category Two

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: _____

Medicine: Category Three

Category (iii) relates to ongoing medical requirements. These require your child to have an individual health plan, for conditions 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: Yes No

Name of medicine and dosage:

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

Parent/Guardian Signature: _____ Date: _____

Section Three: Enrolment Details

Start Date:

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.

Timetable	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:					
Finish Time:					

Total Hours:

20 Hours Attestation – fill out boxes below with the hours attested (**over threes only**)

	Monday	Tuesday	Wednesday	Thursday	Friday	Total
ECE Hours at this service						
ECE Hours at other service						

Parent/Guardian Signature:

Date:

20 Hours ECE Attestation:

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

Yes:

No:

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

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 Massey.

Parent/Guardian Signature:

Date:

Section Four: Parent/Guardian Details

Child's Primary Contact:	First Name:	Last Name:
	Middle Name:	Title:
	Relationship to Child:	
	Address:	
	City:	
	Postcode:	
	Day Time Phone	Evening Phone
	Mobile:	Occupation:
	Email:	

Secondary Contact:	First Name:	Last Name:
	Middle Name:	Title:
	Relationship to Child:	
	Address:	
	City:	
	Postcode:	
	Day Time Phone	Evening Phone
	Mobile:	Occupation:
	Email:	

Person responsible for Payment of fees	First Name:	Last Name:	
	Middle Name:	Title:	
	Relationship to Child:		
	Address:		
	City:		
	Postcode:		
	Day Time Phone	Evening Phone	
	Mobile:	Occupation:	
	Email:		

Additional Persons who have authority to pick up your child:

Additional Contact:	First Name:	Last Name:
	Middle Name:	Title:
	Relationship to Child:	
	Day Time Phone	Evening Phone
	Mobile:	Occupation:

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Additional Contact:	First Name:	Last Name:
	Middle Name:	Title:
	Relationship to Child:	
	Day Time Phone	Evening Phone
	Mobile:	Occupation:
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)		
Persons who CANNOT pick up your child:		

Section Five: Centre Information:

- **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.
- **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** and your aspirations for your child through the **Parent Aspiration Form**

Statutory Holiday/Term Breaks

- **This enrolment agreement is inclusive of school term breaks. Our centre charges a flat fee per week that takes account of those days the service is closed (e.g. Statutory Holidays)**

Section Six: 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 for my child's photo and name to be posted on the **Junior Junction website** and **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. I also agree that a minimum of **two weeks' notice** will be given before the cancellation of enrolment from Junior Junction.

I will call and inform teachers as soon as possible if I am running late and won't be able to pick my child up by 6:00pm. I will make alternative arrangements and if not I agree to pay late fees of \$5 for the first minute and then \$2 for every minute that I am late to pick my child up after 6:00pm.

Parent/Guardian Signature:

Date:

Section Seven: 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: