

Enrolment Agreement Form Just Kids Merrington Crescent – Just Kids Bickerton St – Just Kids House		
Enrolment Information, 20 Hours ECE Enrolment Hours and Attestation Information for Early Childhood Education Services		
◆ Child's details:		
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:		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Foreign passport </div> </div>		
Staff initials: _____		
Child's date of birth: dd / mm / yyyy		Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's ethnic origin/s: _____ _____ _____	Iwi your child belongs to: _____ _____ _____	Language/s spoken at home: _____ _____ _____
Child's primary residential address:		
_____ _____ _____		
Post Code:		
◆ Privacy Statement:		
<p>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:</p> <p>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:</p> <ul style="list-style-type: none"> For funding 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 own powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11 <p>Completed forms may also be viewed by Ministry Officials on request for the purpose of monitoring and licensing.</p>		
<p>*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</p> <p>Early Childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: National Student Numbers (NSN) – Education in New Zealand</p> <p><i>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.</i></p>		

Any changes to this form **must** be signed and dated by the parent/guardian.

Parents / Guardians:	
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:
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):
Email:	Email:
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:
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 <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

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Additional Emergency Contacts (also able to pick up 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:
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):
Email:	Email:

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

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

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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.	
Note: The service must provide specific information about the category (i) preparations that will be used.	
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, provided by service :	
▪ Arnica Cream	▪
▪	▪
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: <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: ____ / ____ / ____

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◆ 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:
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: ____ / ____ / ____						

◆ 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?		
	<i>Tick One</i> Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?		
	<i>Tick One</i> 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"> 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 Just Kids Bickerton St - Merrington Crescent – Pages Rd (please circle which centre)	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

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◆ Statutory Holidays / Term Breaks

This enrolment agreement is inclusive/**exclusive** of school term breaks. We only close for three weeks over the December/January holiday period.

If your service is open on Statutory Holidays, parents need to confirm enrolment for each individual statutory holiday.

All Just Kids centres are **closed for all statutory holidays**

New Year's Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Waitangi Day	<input type="checkbox"/>	Queen's Birthday	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Labour Day	<input type="checkbox"/>		

Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Just Kids Preschool 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 Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you 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.
- **Transitional School Visits:** Information on transition arrangements can be discussed with a teacher.

◆ Parent Declaration

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

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

◆ Service Declaration

On behalf of Just Kids Preschool, I declare that this form has been checked and all relevant sections have been completed.

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

Any changes to this form **must** be signed and dated by the parent/guardian.

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

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**Just Kids Pre-School
Conditions of Enrolment Agreement:**

Childs name: _____

I agree to Just Kids Staff seeking medical aid or administering basic first aid for my child if it is considered necessary, and I cannot be contacted, I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency.

I understand that my child/children cannot attend Just Kids while he/she is sick or has any infectious/contagious condition – person responsible has the discretion to make a decision in regards to a child's attendance.

I understand that my child/children cannot return to Just Kids until they have been symptom free of vomiting and diarrhea for 48 hours.

I agree to notify Just Kids as soon as possible on the day of my child being absent during his/her booked time/s.

I agree to pay the full fee for the times that my child is absent during booked times, unless I have given 1 weeks' notice for that absence, the fee will then be reduced by 50%.

I understand that my child care fees are due weekly in full; any failure to pay my account will result in my child's care being ceased and my debt being transferred to a debt collection agency.

I give permission for my child to be photographed/videotaped while at Just Kids for the purpose of programming/evaluation/assessment: Y / N

I agree to allow my child's learning journal, including my child name and any photos of my child, to be used as a teaching resource for teacher/students and children, in centre displays, and for the purpose of programme planning, assessment (including teacher/student assessment) and evaluation. These learning journals are kept in the main classroom.

I give permission for my child's first name/photo to be mentioned in any information published on the Just Kids Community Preschool website: Y / N

I agree to give at least 2 weeks' notice of termination of permanent bookings, or 2 weeks payment in lieu of notice.

I agree to give 3 days' notice to any changes made to permanent bookings.

I give permission for my child to go on local walks during preschool time: Y / N

The ratio's for outings are 1:2 for U2 children and 1:4 for O2 children. Where water is involved the ratio's for U2's is 1:1 and O2's 1:2. See the outings policy for more details.

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I understand that sun screen will be applied to my child during the spring and summer months. It is my responsibility to notify the staff of any allergies to sun cream.

I understand that it is my responsibility to prepare any bottles or baby food required by my child.

I give permission for staff to apply non-prescription preparations for the treatment of first aid; arnica cream.

I give permission for my child to do transitional visits from the under two's to either of the over two rooms with a teacher.

I give permission for academic and attendance data to be shared with subsequent schools.

Signed: _____

Date: _____