

## Enrolment Agreement Form

<b>Centre:</b>		<b>Date:</b>	____ / ____ / ____
<b>◆ Child Details</b>			
Child's official surname / family name:			
Child's official given name(s):			
Child's official Other names /middle names: (please separate names with a comma)			
Preferred name:			
Childs Date of Birth: ____ / ____ / ____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Childs Ethnicity:		Iwi affiliation (if Applicable):	
Languages spoken at home:			
Childs Primary Address:			
Street:			
Suburb:		Postcode:	
<b>Child Identification</b>			
<i>Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.</i>			
<input type="checkbox"/> NZ Birth Certificate <input type="checkbox"/> Foreign Birth Certificate <input type="checkbox"/> Other: _____		<input type="checkbox"/> NZ Passport <input type="checkbox"/> Foreign Passport Staff initials (verification sighted): _____	
<b>◆ Privacy Statement:</b>			
<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).</p> <p>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:</p> <ul style="list-style-type: none"> <li>• for funding allocation purposes</li> <li>• for monitoring purposes</li> <li>• to allow the assignment of a National Student Number* to your child, and</li> <li>• 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.</li> </ul> <p>Completed forms may also be viewed by Ministry officials on request for the purposes 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 <a href="#">National Student Number (NSN) » NZQA</a></p> <p>Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: <a href="#">National Student Numbers (NSN) – Education in New Zealand</a></p> <p>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.</p>			

◆ Parents/ Guardians				
Parent/Guardian 1:				
Name:				
Relationship to child:				
Address:				
Phone (Home):			Phone (Work):	
Mobile:			Email:	
Parent/Guardian 2:				
Name:				
Relationship to child:				
Address:				
Phone (Home):			Phone (Work):	
Mobile:			Email:	
◆ Authorised Collection & Emergency Contacts				
<p>Authorised Persons to Collect</p> <p>The following people are authorised to collect my child from the service.</p> <p>I understand that:</p> <ul style="list-style-type: none"> <li>- My child will only be released to authorised persons listed below, unless prior arrangements are made.</li> <li>- Identification may be requested.</li> <li>- The service will not release my child to any unauthorised person.</li> </ul>				
Name	Relationship	Phone number	Authorised to Collect (✓)	Emergency Contact (✓)
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

<b>◆Emergency Contact (if different from above)</b>			
The following people may be contacted if a parent/guardian cannot be reached.			
Name	Relationship	Phone number	Authorised to Collect (Y/N)
			Tick one <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
			Tick one <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
<b>◆Person(s) <u>NOT</u> permitted to collect:</b>			
Name (S):			
Details: (if applicable)			
Name (S):			
Details: (if applicable)			
<b>◆Custody Arrangements:</b>			
Are there any custody arrangements concerning your child?			Tick one <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
If <b>YES</b> , Please give details of any custodial arrangements or court orders (a copy of any court orders is required)			
<b>Wrap around support:</b>			
Do you have any social service wrap around support currently?			Tick one <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
If <b>YES</b> , what organisation?			
<b>◆Child's Doctor:</b>			
Dr Name:		Phone:	
Name of Medical Centre:			
<b>◆ Health:</b>			
Illness/Allergies			
Is your child up-to-date with immunisations?			Tick one <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
(Please provide verification of all immunisations)			
<b>For Staff:</b> Immunisation records signed and details recorded:			Tick one <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>

<b>◆ Medicine</b>			
<b>First Aid Products Supplied by Centre</b>			
A first aid product are non-prescription preparation's (such as arnica cream, antiseptic liquid) 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 first aid products provided by the Centre to be used on your child			Tick one <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
Parent/Guardian Signature:		Date:	____ / ____ / ____
<b>Category (i) Medicines</b>			
<b>(Short term medication)</b>			
A prescription (such as antibiotics, eye or ear drops, and so on), or non-prescriptions (such as nappy rash cream etc) medicine that is:			
<ul style="list-style-type: none"> <li>- issued for a specific period of time to treat a specific condition or symptom and</li> <li>- Provided by a parent for the use of that child only or, in relation to Rongoā Māori (Māori plant medicines), that is prepared by other adults at the service.</li> </ul>			
I acknowledge that written authority from a parent is to be given at the beginning of each day a category (i) 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:	____ / ____ / ____
<b>Category (ii) Medicines</b>			
<b>(Long term medication)</b>			
Prescriptions (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, steroid cream, allergy specific sunscreens etc) medicine that is:			
<ul style="list-style-type: none"> <li>- used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reactions, diabetes, eczema etc), and</li> <li>- is provided by a parent/caregiver for the use of that child only.</li> </ul>			
<b>For staff:</b> Individual health plan sighted and a copy taken:			Tick one <b>Y</b> <input type="checkbox"/> <b>N</b> <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 <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	
Times Enrolled:						Total Hours:
<b>For 20 Hours ECE fill out boxes below with the hours attested eg. 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 <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	
2: Is your child receiving 20 Hours ECE at any other services?						
					Tick one <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	
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 authorize 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.						
◆ Dual Enrolment Declaration:						
I hereby declare that my child <b>is</b> <input type="checkbox"/> <b>/is not</b> <input type="checkbox"/> enrolled at another early childhood institution at the same times that he/she is enrolled at Just Kids Community Preschool's						
Parent/Guardian Signature:				Date:	___ / ___ / ___	

<b>◆ Statutory Holidays/Term Breaks Declaration:</b>			
Just Kids Community Preschool, Just Kids House and Just Kids Merrington declare this enrolment agreement is inclusive of school term breaks. We only close for three weeks over the December/January holiday period.			
We are not open on Statutory Holidays			
<b>Required Information for Licensing Purposes:</b>			
<b>Excursions:</b>			
Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy). Ratios are 1:2 for u2s, 2-5 1:4.		Tick one <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	
Local walks and excursions include but are not limited to Just Kids Bickerton, Just Kids House, Just Kids Merrington, Aranui Library, Local Nga Hau E Wha Marae, Haeta Community Campus, Cowels Stadium, Cuthberts Green, Hampshire park and Aranui community Centre.			
<b>Photos/ Videos Permissions</b>			
Internal use only (for the purposes of assessment, planning and evaluation)		Tick one <input type="checkbox"/>	
Internal + external (e.g. social media)		<input type="checkbox"/>	
<b>Child Protection</b>			
Just Kids Community Preschool, Just Kids House and Just Kids Merrington, are committed to the safety and wellbeing of all children. The service has a Child Protection Policy and follows procedures in line with the Children's Act 2014. Staff may share information with appropriate agencies where there are concerns about a child's safety or wellbeing.			
<b>◆ Parent Declaration</b>			
I declare all information provided is true and correct.			
Parent/Guardian Name:			
Parent/Guardian Signature:		Date:	____ / ____ / ____
<b>◆ Service Declaration</b>			
On Behalf of Just Kids Community Preschool, Just Kids House and Just Kids Merrington, I declare that this form has been checked and all relevant sections have been completed.			
Service Providers Name:			
Service Providers Signature:		Date:	____ / ____ / ____

<p><b>Terms &amp; Conditions of Enrolment</b></p>
<p><b>Policy Statement:</b> Just Kids Community Preschool, Just Kids House and Just Kids Merrington 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.</p>
<p><b>Child Health and Attendance</b></p> <ul style="list-style-type: none"> <li>• Children must not attend the service if they are unwell or have an infectious illness.</li> <li>• Children must be <b>symptom-free for at least 48 hours</b> following vomiting or diarrhoea before returning.</li> <li>• The service reserves the right to require a child to be collected if they become unwell while attending.</li> </ul>
<p><b>Emergency Medical Care</b></p> <ul style="list-style-type: none"> <li>• In the event of illness or injury, staff may administer first aid and seek medical assistance if required.</li> <li>• Every effort will be made to contact parents/guardians first.</li> <li>• Parents/guardians accept responsibility for any medical costs incurred.</li> </ul>
<p><b>Authorised Collection of Children</b></p> <ul style="list-style-type: none"> <li>• Children will only be released to <b>authorised persons listed on the enrolment form</b>, unless prior arrangements have been made.</li> <li>• Identification may be requested.</li> <li>• The service will not release a child to any unauthorised person under any circumstances.</li> <li>• Collection of children must be from someone over the age of 16 years old.</li> </ul>
<p><b>Absences &amp; Notification</b></p> <ul style="list-style-type: none"> <li>• Parents/guardians must notify the service as soon as possible if their child will be absent.</li> <li>• Full fees apply for all booked sessions unless prior notice has been given in accordance with the fee policy.</li> </ul>
<p><b>Fees &amp; Payments</b></p> <ul style="list-style-type: none"> <li>• Fees are payable weekly in advance.</li> <li>• Failure to keep fees up to date may result in suspension or termination of enrolment.</li> <li>• Outstanding accounts may be referred to a debt collection agency.</li> <li>• Talk to our team about WINZ subsidies and how we can support you through the journey of WINZ Docs</li> </ul>
<p><b>Changes to Enrolment</b></p> <ul style="list-style-type: none"> <li>• A minimum of <b>3 days' notice</b> is required for changes to booked days or times.</li> <li>• A minimum of <b>2 weeks' notice</b> is required to terminate enrolment, or fees in lieu of notice will apply.</li> </ul>
<p><b>Excursions &amp; Supervision</b></p> <ul style="list-style-type: none"> <li>• Children may participate in regular and spontaneous excursions in accordance with service policy.</li> <li>• Appropriate ratios and safety measures will always be maintained. Ratios are 1:2 for u2s, 2-5 1:4.</li> <li>• Parents/guardians provide consent for participation through the enrolment agreement.</li> </ul>
<p><b>Photography &amp; Documentation</b></p> <ul style="list-style-type: none"> <li>• Children may be photographed or recorded for learning, assessment, and programme planning purposes.</li> <li>• Any external use (e.g. social media) will follow parent consent selections.</li> </ul>
<p><b>Personal Belongings &amp; Care Requirements</b></p> <ul style="list-style-type: none"> <li>• Parents/guardians are responsible for providing all necessary items, including food, bottles, and spare clothing.</li> <li>• The service is not responsible for lost or damaged personal items.</li> </ul>

<b>Terms &amp; Conditions of Enrolment - Continued</b>	
<b>Sun Protection and First Aid</b>	
<ul style="list-style-type: none"> <li>Sunscreen supplied by preschool will be applied during terms 1 &amp; 4 (alternative sunscreen due to allergies etc must be supplied by parent/caregiver)</li> <li>Basic first aid products (e.g. arnica cream) may be used as per enrolment consent.</li> </ul>	
<b>Behaviour &amp; Wellbeing</b>	
<ul style="list-style-type: none"> <li>The service promotes a safe, respectful, and inclusive environment for all children.</li> <li>Parents/guardians agree to work collaboratively with staff to support their child's wellbeing and development.</li> <li>In rare and extreme cases where a child's behaviour is putting other children or staff at risk of danger, and if all avenues of support are done and there is still no improvement, then the child will be given limited hours of attendance at the centre (to be determined by management).</li> <li>If after all reasonable interventions a child's behaviour is still detrimental to the physical or emotional wellbeing of themselves or other people, then the family/whanau will be informed that Just Kids Preschool is no longer able to keep a space open for the child and they will be given 1 week notice of termination of enrolment.</li> </ul>	
<b>Policies &amp; Compliance</b>	
<ul style="list-style-type: none"> <li>Parents/guardians confirm they have access to and understand the service's policies and procedures.</li> <li>The service operates in accordance with the <b>Education and Training Act 2020</b> and Ministry of Education licensing criteria.</li> </ul>	
<b>Arrival and Departure Responsibilities</b>	
<p>Parents/guardians are responsible for:</p> <ul style="list-style-type: none"> <li>Signing their child in and out each day (or using the service's electronic system where applicable)</li> <li>Ensuring staff are aware of their child's arrival and departure</li> </ul> <p>Children must not be left unattended at the service at any time.</p>	
<b>Late Collection Policy</b>	
<p>If a child is not collected by closing time:</p> <ul style="list-style-type: none"> <li>Staff will attempt to contact parents/guardians and emergency contacts</li> <li>Additional fees may apply</li> <li>In extreme situations, external agencies may be contacted if a child is not collected and no contact can be made</li> </ul>	
<b>Digital Communication Consent</b>	
<p>Parents/guardians agree to receive communication from the service via email, phone, and/or approved digital platforms used by the centre.</p>	
<b>Changes to Terms &amp; Conditions</b>	
<p>The service reserves the right to update policies and terms. Parents/guardians will be notified of any significant changes.</p>	

<b>By signing the enrolment form, I (Parent/Guardian) agree to abide by these Terms and Conditions.</b>			
Parent/Guardian Signature:		Date:	____ / ____ / ____

Change of Days/Times of Enrolment:						
Effective Date of Change:			___ / ___ / ___			
Days Enrolled:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	
Times Enrolled:						Total Hours:
For 20 Hours ECE fill out boxes below:						
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:			___ / ___ / ___			
Days Enrolled:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	
Times Enrolled:						Total Hours:
For 20 Hours ECE fill out boxes below:						
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:			___ / ___ / ___			
Days Enrolled:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	
Times Enrolled:						Total Hours:
For 20 Hours ECE fill out boxes below:						
20 Hours ECE at this service						Total Hours:
20 Hours ECE at another service						Total Hours:
Parent/Guardian Signature:				Date:	___ / ___ / ___	

Request to Update Authorised Person(s)						
Parent/Guardian must notify the service of any change to authorised person(s) for collection. Changes only take effect once; The request has been received and verified by the service, The identity of the requesting Parent/Guardian has been confirmed						
The service reserves the right to decline or delay any changes where legal or custody considerations apply.						
Effective Date of request			____ / ____ / ____			
Requesting Parent/Guardian Name			Relationship to Child			
Parent/Guardian Signature			Date:		____ / ____ / ____	
Type of change requesting	Add New authorised person	<input type="checkbox"/>	Remove authorised person	<input type="checkbox"/>	Update details of authorised person	<input type="checkbox"/>
New Person details:						
First Name			Surname:			
Relationship to Child			Phone Number			
Authorised to collect (✓)		<input type="checkbox"/>	Emergency contact (✓)		<input type="checkbox"/>	
Office only						
Staff member verifying request			Date processed		____ / ____ / ____	
Request method (email, in person etc)			Details recorded of any change to custody, and/or court orders received and on file		Y <input type="checkbox"/> N <input type="checkbox"/>	

Request to Update Authorised Person(s)						
Parent/Guardian must notify the service of any change to authorised person(s) for collection. Changes only take effect once; The request has been received and verified by the service, The identity of the requesting Parent/Guardian has been confirmed						
The service reserves the right to decline or delay any changes where legal or custody considerations apply.						
Effective Date of request			____ / ____ / ____			
Requesting Parent/Guardian Name			Relationship to Child			
Parent/Guardian Signature			Date:		____ / ____ / ____	
Type of change requesting	Add New authorised person	<input type="checkbox"/>	Remove authorised person	<input type="checkbox"/>	Update details of authorised person	<input type="checkbox"/>
New Person details:						
First Name			Surname:			
Relationship to Child			Phone Number			
Authorised to collect (✓)		<input type="checkbox"/>	Emergency contact (✓)		<input type="checkbox"/>	
Office only						
Staff member verifying request			Date processed		____ / ____ / ____	
Request method (email, in person etc)			Details recorded of any change to custody, and/or court orders received and on file		Y <input type="checkbox"/> N <input type="checkbox"/>	