



Junjuni Pre School

Enrolment Form

Child 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:

- New Zealand birth certificate
- Foreign birth certificate
- Other _____
- New Zealand Passport
- Foreign Passport
- Staff Initials: _____

Date of birth: ___/___/___

Gender: Male/Female (please circle)

Childs 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 purpose 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 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 out more information about national student numbers at: eli.education.govt.nz

*Information about acceptable identity verification documents is available online at

eli.education.govt.nz

The Ministry recommends that all services keep a copy of the identity verification of each child who is enrolled at the service.

Parent/Caregiver Details:

Name: _____ Surname: _____

Home Address: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Email: _____

Relationship to child: _____ Occupation: _____

Name: _____ Surname: _____

Home Address: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Email: _____

Relationship to child: _____ Occupation: _____

Custodial Statement:

Are there any custodial arrangements concerning your child? YES / NO

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

Court Order provided to Juni Uni Preschool: YES / NO

Person/s who **cannot** pick up your child:

X Name: _____ Relationship to child: _____

X Name: _____ Relationship to child: _____

X Name: _____ Relationship to child: _____

Authorised people to pick up my child:

√ Name: _____ Relationship to child: _____

√ Name: _____ Relationship to child: _____

√ Name: _____ Relationship to child: _____

√ Name: _____ Relationship to child: _____

√ Name: _____ Relationship to child: _____

√ Name: _____ Relationship to child: _____

Emergency Contacts:

The following people may be contacted in an emergency, if the parent\caregiver cannot be contacted, and must be available at all times (ie. Do not put down a contact whom works full time and is unavailable to collect your child). These people are also able to collect your child.

Contact 1

Name: _____ Surname: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Relationship to child: _____

Contact 2

Name: _____ Surname: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Relationship to child: _____

Contact 3

Name: _____ Surname: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Relationship to child: _____

Contact 4

Name: _____ Surname: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Relationship to child: _____

Child's doctor:

Doctor's Name: _____ Phone Number: _____

Name of Medical Centre: _____

Immunisation:

My child is up to date with immunisations: YES / NO

(Please provide verification of all immunisations)

If NO what immunisation is the most recent? _____

For Staff: Immunisation Record sighted by Management: YES / NO

Meal Requirements:

Does your child have any special dietary needs? YES / NO

If YES, please provide details: _____

Allergies:

Does your child have any allergies or allergic reactions?

YES / NO

If **YES**, please provide details and a response for dealing with allergic reactions: _____

Medical Conditions

Does your child have any medical conditions? E.g. Asthma, convulsions, etc

YES / NO

If **YES**, please provide details and a response for dealing with medical conditions: _____

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, and is used for the 'first aid' treatment of minor injuries, provided by the service and kept in the first aid cabinet.

Do you approve category (i) 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 the service (Juni Uni generally shops for these supplies at Countdown, so the brand is usually Homebrand. The other brands we supply are listed below):**

1 Sunblock (Cancer Society, Nivea, Banana Boat or Smart365)

YES/NO

2 Plasters (Band-Aid or Elastoplast)

YES/NO

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 Maori (Maori 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

YES/NO

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: ___/___/___

Please note: 20 Hours ECE is for up to **six hours a 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	
Time:						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:

Is your child receiving 20 ECE Hours for up to 6 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 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 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.

Signed: _____ Date: ___/___/___

Dual Enrolment Declaration:

I hereby declare that my child **is/is not** (Select one) enrolled at another early childhood institution at the same times that he/she is enrolled at Juni Uni Preschool.

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

Optional Charges:

1. The Optional Charge is for: (give details of specific activities or items, and their costs)
 - i.
 - ii.
2. I understand that if I agree to pay for the optional charge, Juni Uni Preschool may enforce payment.
3. The agreement to pay the optional charge will last for the period of my child's enrolment at Juni Uni Preschool.
4. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.
5. I **agree/do not agree** (select one) to pay the optional charge for the activities/items specified in this enrolment agreement form.

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

Statutory Holidays / Term Breaks:

This enrolment agreement is **inclusive** of school breaks and all relevant fees will be charged accordingly. Juni Uni is closed on the following Public Holidays if they fall on a weekday or 'Mondayisation' applies.

- | | | | |
|---------------------------|-----------------------------------|-------------------------------|---------------------|
| √ New Year's Day | √ Day After New Year's Day | √ Auckland Anniversary | |
| √ Waitangi Day | √ Good Friday | √ Easter Monday | √ ANZAC Day |
| √ Queen's Birthday | √ Labour Day | √ Christmas Day | √ Boxing Day |



Terms & Conditions

Permission is sought by Juni Uni Preschool to publish your child's personal image (photo/video) or art online.

I give permission for my child's first name, photograph/video, or work to be published on the Juni Uni website, facebook page or in the newsletter.

Child's name: _____

Parent/legal guardian/caregiver (circle as applicable)

Name: _____ Signature: _____ Date: _____

I/ We give permission

To Juni Uni management and staff to:

- Carry out written observations and use digital images of my child for purposes of programme planning, centre displays, and promotion.
- Take my child out of the centre on spontaneous short walks in accordance with our excursion policy the adult to child ratio is 1:4
- Apply sunscreen for outdoors.
- Allow the persons listed as Emergency Contacts to sign off the Medication and Accident forms.

I / We agree:

- To pay all fees 1 week in advance by Automatic Payment, online banking or cash.
- That if my fees are not paid in advance or are in arrears for more than 1 week my account will be charged a late penalty rate of \$10 per week, and if no arrangements have been made with Management, my child's place may be withdrawn.
- That full fees will be charged for all bookings made, regardless of attendance.
- On acceptance of my child into Juni Uni, an enrolment pack (cost of \$30) will be purchased.
- In order to meet Ministry requirements my child may initially be conditionally enrolled and will be eligible to attend in the place of an absent enrolled child
- Once enrolled, absences due to illness or otherwise will be paid for with no exceptions.
- Full fees will be paid for all public holidays and any other holidays taken from Juni Uni. (WINZ does not pay for public holidays; therefore I/We agree to pay for public holidays).
- Late pick-ups will be charged in accordance with the fee policy.
- All early drop-offs or late pick-ups will be charged as late fees.
- To sign the register upon drop off and pick up of my child, each day that they attend.
- That any changes to my child's booked times will be made by close of business the week prior on the forms provided next to the sign in sheet. I will then sign the attestation form provided by management.
- Additional charges may apply to excursions or special events etc. to be paid in advance.
- Management reserves the right to withdraw or change a child's enrolment status at any time and I/we consent to such changes being made at the sole discretion of management.
- That we understand and will abide by Juni Uni policies and procedures as set out in the Policies & Procedures Manual.
- To be eligible for 20 ECE hours an attestation form must be signed exclusively for all 20 ECE hours.
- To provide 2 weeks written notice prior to withdrawing my child from Juni Uni and agree to pay all outstanding fees prior to my child's departure. To be responsible for any outstanding fees and any costs incurred to Juni Uni in collecting these outstanding fees.

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 Juni Uni Preschool, I declare that this form has been checked and all relevant sections have been completed.

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



Juni Uni Pre School

Child Profile

First Name \s: _____

Surname: _____

Date of birth: ____ / ____ / ____

Age upon Start Date: _____

Interests and Passions:

Favourite Things:

Routines: (Please write any information which will assist staff in the care for your child)

Any Other Relevant Comments:

What goals and aspirations do you have for your child?:



Juni Uni Pre School

Automatic Payment Form

Dear Parents,

You will need to set up an Automatic Payment.

- Please set up an automatic payment from your bank account to Juni Uni Ltd.

Our Account Name and Number:

Juni Uni Whanganui Ltd

12-3263-0005472-00

Particulars: Your Child's Name
Code: Your Fee Band (i.e. 20 ECE, 30 ECE, Full Time or Day Rate)
Reference: Whanganui

- Payments of all fees are required weekly, one week in advance.
- Any accounts outstanding after 1 week will incur at \$10 late payment fee for each week the account remains outstanding.
- A one off \$30 'Enrolment Pack' fee will need to be added to initial payment.

***SPECIAL OFFER: If you're happy with our preschool please refer a friend 😊
For every child that joins Juni Uni from your recommendation we will give you \$100!**

Thank You.