

Enrolment Request Form

Childs Name/s.....
First Middle Family name

Also known as.....

Physical Address: Postal:

.....

.....

Post Code.....

Date of Birth..... Male Female

Please note any special needs this child may have

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Parent/Guardian/Caregiver

Parent/Guardian/Caregiver

Name.....
First name Family name

Name.....
First name family name

Address (if different from child's).....

Address (if different from child's).....

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Home Phone

Home phone.....

Mobile phone

Mobile phone.....

Email.....

Occupation.....

Occupation.....

I would like our Child to start:
Date

Enrolment Times (Please indicate intended times of attendance)

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:

Date : Sign:.....

Please fill in this form and fax to 5432 830 or post to Country Kids, address: 1519 Moutere Highway, RD2, Upper Moutere, 7175

The information collected on this form is so your child can be recorded on the waiting list. It is either required by the Ministry of Education or for the management of the Centre. It will not be disclosed to any other party except under the terms of the Privacy Act.