



ENROLMENT REQUEST FORM

CHILD'S DETAILS	
Child's first names:	Surname:
Name Child is known by:	
Child's date of birth: ____/____/____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential Address:	Postal:
	Post Code:

Parent/Guardian/Caregiver		Parent/Guardian/Caregiver	
First Name:		First Name:	
Surname:		Surname:	
Relationship to child:		Relationship to child:	
Residential Address: <i>(if different from child's)</i>		Residential Address: <i>(if different from child's)</i>	
	Post Code:		Post code:
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Mobile):		Phone (Mobile):	
Occupation:		Occupation:	
Email address/s for Invoices and Newsletters:			
I would like our Child to start Date: ____/____/____			
Booking Request Days and Times: <i>(Please indicate intended times of attendance)</i>			
Days Requested	Monday	Tuesday	Wednesday
Times i.e. 8:15-12:30			
Waiting List Date: ____/____/____			
Sign :		Date: ____/____/____	

Please fill in this form and e-mail to: office@countrykids.org.nz, fax: (03) 5432 830 or post to:
Country Kids, 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.