

Registration on waiting list



KG/TKN

NAME OF KINDERGARTEN

This information forms part of your enrolment agreement

Birth date

Enrolment date

YOUR CHILD'S DETAILS

CHILDS DETAILS

Name your child is known by / preferred name

Given name

Surname

Child's official given name

Child's official surname or family name

Child's official other names / middle names (please separate names with a comma)

Male Female

Child's primary residential address

Post code

Child's ethnic origin/s

Iwi your child belongs to

Language/s spoken at home

Can your child understand greetings and simple instructions in English?

Yes No

Does your child have learning and / or development needs?

Yes No

If "yes", please give details

Name any support people or organisations that are currently working with your child, e.g. speech therapist, paediatrician, etc.

Child's date of birth

YOUR DETAILS

PARENT(S) / WHANAU / REGULAR CAREGIVER DETAILS

Name (1)

Name (2)

Address

Address

Relationship to child

Relationship to child

Day phone

Day phone

Night phone

Night phone

Mobile phone

Mobile phone

Email

Email

I / we are happy to receive newsletters and other communications by email

Yes No

PRIVACY STATEMENT

PRIVACY

We are collecting personal information on this enrolment form for the purposes 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 you or 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.

Relationship to child



SIGNED BY PARENT / GUARDIAN

DATE