

REGISTRATION ON WAITING LIST



Name of kindergarten: _____

This information forms part of your Enrolment Agreement.

Child's personal details

Child's first names:			
Family name:		Date of birth:	
Male <input type="checkbox"/>	Ethnic origin/ Nationality of your child: (you may give more than one)		
Female <input type="checkbox"/>	If NZ Maori, please enter their iwi: (you may give more than one)		
Language/s spoken at home:		Religion (optional):	

Parent(s) / Whānau / Regular caregiver details:

Name: (1)			
Relationship to child:			
Email (1):			
Phone:	Day:	Night:	Mobile:
Address:			

Name: (2)			
Relationship to child:			
Email (2):			
Phone:	Day:	Night:	Mobile:
Address:			

Name: (3)			
Relationship to child:			
Email (3):			
Phone:	Day:	Night:	Mobile:
Address:			

Name: (4)			
Relationship to child:			
Email (4):			
Phone:	Day:	Night:	Mobile:
Address:			

Which email address/es should newsletters/statements be sent to:

Child lives mainly with:

Privacy:

To comply with the Privacy Act, I give permission for the following to be made available: (please tick each box)

Parent/s name/s and telephone number	Child's name and date of birth
<input type="checkbox"/> To the committee	<input type="checkbox"/> To the school your child is likely to attend
<input type="checkbox"/> To health authorities	Name of School:

All other personal information on your child will be kept securely and remain confidential.

Parent/ Guardian signature:	Date:
Relationship to child:	