



Expressions of Interest Form

Child's Details

First Name	Surname
Name your child is known by	
D.O.B	
Ethnic Origin	
Gender	
Iwi (if relevant)	
NSN number (if known)	
Child's Home Address	
Post code	

Parents / Guardians Details

Parent / Guardian 1	Parent / Guardian 2
First Name	First Name
Surname	Surname
Address	Address
Ph (Home)	Ph (Home)
Ph (Work)	Ph (Work)
Ph (Mobile)	Ph (Mobile)
Email	Email

Preferred Enrolment Days & Times (minimum 2 day's enrolment)

Preferred start date							
Preferred Hours (please tick 1 option only)		Mon	Tue	Wed	Thu	Fri	Total Hours
Option 1 - ½ day	7:15am – 12:15pm						
Option 2 - ½ day	12:30pm – 5:45pm (5:30 close on Fridays)						
Option 3 – Full Day	7:15am – 5:00pm						
Option 4 – Full Day	8:00 am – 5:45pm (5:30 close on Fridays)						



ECE Hours

	Yes / No
Would you like your child to receive 20 hours ECE for up to 6 hours per day, 20 hours per week at this centre?	
Will your child be receiving 20 hours ECE at any other service?	

Parent / Guardian Signature

I declare that the above information is true and correct to the best of my knowledge

Name	
Signature	
Date	

Additional Child's Details if applicable

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