



EXPRESSIONS OF INTEREST

CHILD'S DETAILS

First Name

Surname

Name your child is known by

D.O.B

Ethnic Origin

Gender

Iwi (if relevant)

Language spoken at home

NSN number (if known)

Child's Home Address

Post code

PREFERRED ENROLMENT DAYS & TIMES (MINIMUM 2 DAY'S ENROLMENT)

Date of Enrolment:

____/____/____

Date of Entry:

____/____/____

Date of Exit:

____/____/____

Please Note: 20 Hours ECE is for up to six hours per day, up to 20 hours per week and there must be no compulsory fees when a child is receiving 20 Hours ECE funding.

Hours Enrolled	Mon	Tue	Wed	Thu	Fri	Total Hours
Option 1 - 7:15 am – 5pm						
Option 2 8am – 5:45pm (Note: 5:30 close Fridays)						
Option 3 8:15 – 4:15						



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

ECE HOURS

Yes / No

Will your child be receiving 20 hours ECE, 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

First Name

Surname

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