



EXPRESSIONS OF INTEREST

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

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 – Full Day	7:15am – 5:00pm						
Option 2 – Full Day	8:00 am – 5:45pm (5:30 close on Fridays)						



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

Name your child is known by

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