

|                  |             |
|------------------|-------------|
| Child's name     | Male/Female |
| Date of birth    |             |
| Parent's names   |             |
| Address          |             |
|                  |             |
| Home phone       |             |
| Mobile number    |             |
| E-mail address   |             |
| Parent signature |             |
| Date             |             |

| Child's ethnic origin/s | Iwi your child belongs to | Languages spoken at home |
|-------------------------|---------------------------|--------------------------|
|                         |                           |                          |
|                         |                           |                          |
|                         |                           |                          |

**Please tick to indicate the days you would like your child to attend:**

**Option 1:** Monday to Friday

**Option 2:** Monday, Tuesday and Thursday

**Option 3:** Wednesday and Friday

**20 hours per week (maximum 6 hours per day) is funded by the government.  
We have an optional charge of \$12 per day.**

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