

# PRE-ENROLMENT FORM



If you are interested in enrolling at Kidz Corner Miramar please complete this pre-enrolment form and send it to ***info@kidzcorner.org.nz***.

A staff member will then contact you to discuss availability of places.

Child's Name: \_\_\_\_\_  
*Surname* *Christian Names*

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ethnic Origin: \_\_\_\_\_

If Maori, which Iwi: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Contact Phone Number (home) \_\_\_\_\_

(work) \_\_\_\_\_

e-mail address \_\_\_\_\_

Father's Name: \_\_\_\_\_

Contact Phone Number (home) \_\_\_\_\_

(work) \_\_\_\_\_

Days and hours required: \_\_\_\_\_

Starting date required: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian's Name: *(please print)* \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_