# 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: _____

_____

Parent/Guardian's Name: _____

Contact Phone Number (home) _____

(work) _____

email address _____

Parent/Guardian's Name: _____

Contact Phone Number (home) _____

(work) _____

email address _____

Days and hours required: _____

Starting date required: _____ /_____ /_____

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

Parent/Guardian Signature: _____

Date: _____ /_____ /_____