

Hataitai Community Playgroup Enrolment Form

Child's Official Name: _____ D.O.B _____ M / F

Days Enrolling at Playgroup: Monday Wednesday Friday

Enrolling Parents Name: _____

Address: _____

Email: _____ Mobile: _____

Emergency Contact Name and Mobile: _____

Attending Caregivers Name (if applicable): _____

Ethnicity: Please tick as many as required

- | | | | | |
|---|--|---|---|----------------------------------|
| <input type="checkbox"/> Māori | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Fijian | <input type="checkbox"/> Niuean | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> South East Asian | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> African | <input type="checkbox"/> Latin American | <input type="checkbox"/> Middle Eastern | |
| <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> Other European | <input type="checkbox"/> Other (not stated) | | |

Iwi Affiliations: _____

Any Allergies or Special Learning Needs: _____

I give permission to display photos of myself and child at playgroup: Yes / No

I have read and signed the relevant Policies at Playgroup; Child Protection,
Emergency & Evacuation Procedures, Health & Safety: Yes/ No

I have provided an emergency food item for the civil defence kit: Yes / No

Is your child enrolled in any other licensed Early Childhood Education service? Yes / No

If your child is in homebased care (such as Porse or Barnados), we don't get funding from the MOE so ask for an additional \$5 koha per session to go towards running costs.

I attest that the above information is accurate and correct and I will notify the Playgroup Coordinator of any relevant changes that could affect MOE funding.

Signature _____ Date: _____

Name: _____ Relationship to Child: _____