

40 Morrin Road
 St Johns, 1072
 Auckland
 New Zealand
 Email: admin@kidcountrystjohns.co.nz
www.kidcountrystjohns.co.nz



Date:

PRE-ENROLMENT INFORMATION

Please return to: admin@kidcountrystjohns.co.nz

Please complete the form below. If you are unsure of exact days and times at this stage please note that this is an indication only. On receipt of this form your child's name will be added to our waiting list and a staff member will contact you to discuss enrolment possibilities.

1. Child's Family Name	
2. First Name (s)	
3. Gender, Age & Date of Birth	
4. Names of Parents/Caregivers	
5. Preferred Start Date	
6. Are you able to be flexible about this start date? If so, please give a date range.	
7. Full Time 5 days Start and Finish Time	Start: Finish:
8. Part Time-	Days per week – Please circle/ highlight days required Mon Tue Weds Thurs Fri Hours per day:
9. Contact Email Address	
10. Home Address	
11. Home Phone Number	
12. Daytime Contact Number	
13. Has your child been enrolled in care before?	Yes/ No