



Date: _____

Child's Details

Surname: _____

Date of birth: _____ Male Female

Given names: _____

Ethnic group: _____

Address: _____

Iwi your child belongs to: _____

Religious denomination: _____

Previous pre-school (if any): _____

Mother

Father

Surname: _____

Surname: _____

Given names: _____

Given names: _____

Address: _____

Address: _____

Telephone (home): _____

Telephone (home): _____

Occupation: _____

Occupation: _____

Business address: _____

Business address: _____

Telephone (business): _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

Mobile (personal): _____ Preferred contact?

or

or

Mobile (business): _____ Preferred contact?

Mobile (business): _____ Preferred contact?

Fax: _____

Fax: _____

Email (home): _____ Preferred contact?

Email (home): _____ Preferred contact?

or

or

Email (business): _____ Preferred contact?

Email (business): _____ Preferred contact?

Preferred Sessions

Full Day (8.00am - 4.30pm)

Morning Learning Session (8.30am - 12.30pm)

Lunch (12.30pm - 1.00pm)

Afternoon Learning Session (1.00pm - 3.30pm)

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE INDICATE SESSIONS REQUIRED.

Date of entry to St Andrew's College Pre-school: _____