

Owhata Preschool Programme Enrolment Form

Child's name:

Surname:..... **First names:**.....

Preferred name:.....

Date of Birth:.....

Address:.....

Telephone:.....

Emergency contact number:.....

Name of Parents / caregivers:.....

.....

List any other preschool/s your child has attended, or is currently attending:

<u>Preschool/Kindy</u>	<u>Dates enrolled</u>	<u>How often did / does your child attend?</u>
.....
.....
.....

List any health problems (e.g. hearing, asthma):

.....

Do you want to use our pick up and delivery service?

.....

Signature: