



# Blockhouse Bay Baptist Church Kindergarten

## ENROLMENT FORM

### Your Child

Child's First Name: \_\_\_\_\_ Child's Family Name: \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male/Female \_\_\_\_\_ Ethnicity: \_\_\_\_\_

If Maori, please give the name(s) of the iwi: \_\_\_\_\_

Main Language Spoken at Home: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

### Parents/Guardians

Mother

Father

Parents/Guardians : \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Work Phone No: \_\_\_\_\_

Church Affiliation (if any): \_\_\_\_\_

### Emergency Contacts

(Other than parents - to call if parents unable to be contacted. We would always try calling parents first.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone No: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date enrolled: \_\_\_\_\_

Start date: \_\_\_\_\_

Leaving date: \_\_\_\_\_