

Swannanoa Preschool Inc  
1303 Tram Road, RD 6, Rangiora, 7476  
Ph/Fax; 03) 312 6198  
Pre Enrolment Form



By completing and returning this form your child/ren will be placed on the waiting list at Swannanoa Preschool.

**Child:**

Child's first names:

Surname:

Name your child is known by:

Child's date of birth:

Male

Female

Ethnic origin:

Iwi your child belongs to:

Child's home address or addresses:

Postcode

Siblings:

**Parents / Guardians:**

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Any information in your regards to your child you would like to share:

**By signing this form I acknowledge:**

- **Swannanoa Preschool** has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these.
- I have read and understood the fees policy and should my child attend Swannanoa Preschool I agree to abide by these conditions.
- Upon enrolment I will become a member of Swannanoa Preschool Incorporated
- When my child is offered a day/s I will complete The Swannanoa Preschool Enrolment Form before first attendance

**Privacy Statement:** All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

