



# Application Form

Date of application:

### Child's Details

Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female

Ethnic group: \_\_\_\_\_

Iwi your child belongs to: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

Previous pre-school (if any): \_\_\_\_\_

### Primary Caregiver's details (First point of contact for all communication.)

Title:  Dr  Mr  Mrs  Ms

Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

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

\_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

### Spouse / Partner's details

Title:  Dr  Mr  Mrs  Ms

Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

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

\_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

Telephone (business): \_\_\_\_\_

Mobile (personal): \_\_\_\_\_  Preferred contact?

Mobile (business): \_\_\_\_\_  Preferred contact?

Email (home): \_\_\_\_\_  Preferred contact?

Email (business): \_\_\_\_\_  Preferred contact?

Telephone (business): \_\_\_\_\_

Mobile (personal): \_\_\_\_\_  Preferred contact?

Mobile (business): \_\_\_\_\_  Preferred contact?

Email (home): \_\_\_\_\_  Preferred contact?

Email (business): \_\_\_\_\_  Preferred contact?

### Preferred Sessions

Please initial boxes to indicate sessions required:

Full day (7.30am-5.30pm)

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"/>

Total hours:

Date of Entry to St Andrew's College Pre-school: \_\_\_\_\_

### OFFICE USE ONLY:

\$150 Application Fee has been paid