

## Change of details form

Centre  Te Ao Tamariki  Early Childhood Learning Centre  Sheila Walker Unit

**CHILD'S NAME/TE INGOA O TŌ TAMAITI**

Sex  Female/Kotiro  Male/Tane

Date of birth/Te rā whānau

Child's address/Kaingā

**NAME OF PARENTS/GUARDIAN(S)/NGĀ MATUA**

Parent 1:

Parent 2:

Address (if different from above)

Contact numbers

Wk:

Hm:

Cell:

Email

University staff/Roopu kai mahi

Dept:

University student/Iwi whānui

Course:

Community user/Akongā

**IN AN EMERGENCY**

Name two people we can contact if we are unable to contact you

Name

Phone

Please list the names of any other people who may collect your child

Please list anyone who is forbidden to have access to your child, or who has conditional access, by reason of court order (Please provide a copy of relevant details to the Head Teacher)

**Medical details**

Family doctor/Te ingoa o tō tākuta

Address and phone number

Allergies or special needs your child has

Signed/Tuhituhi tō Ingoa:  
(Parent/Guardian)

/ /

Signed:  
Head Teacher/Senior Teacher

/ /