

Change of details form

Centre <input type="radio"/> Early Childhood Learning Centre	
Child	
Child's official given name / Te Ingoa o tō Tamaiti:	Official surname:
Name child is known by:	Date of birth/Te rā whānau: <input type="radio"/> Female/Kotiro <input type="radio"/> Male/Tane
Child's address/Kaingā:	
Parents/Guardian(s)/Ngā matua	
Name:	Name:
Address:	Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Email:	Email:
<input type="radio"/> University staff/Roopu kai mahi Department:	<input type="radio"/> University staff/Roopu kai mahi Department:
<input type="radio"/> University student /Iwi whānui Course:	<input type="radio"/> University student /Iwi whānui Course:
<input type="radio"/> Community user/Akonga Place of employment:	<input type="radio"/> Community user/Akonga Place of employment:
Emergency contacts – Name two (2) people in Christchurch we can contact if we are unable to reach you	
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Email:	Email:
Able to collect your child on your behalf? <input type="radio"/> Yes <input type="radio"/> No	Able to collect your child on your behalf? <input type="radio"/> Yes <input type="radio"/> No

Collection of child – Other person(s) named below will be allowed to collect your child on your behalf

Name:

Name:

Phone:

Phone:

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)

Name:

Name:

Name:

Name:

Medical details

Family doctor/Te ingoa o tō tākuta:

Address and phone number:

Medical condition or special needs your child has:

Please attach additional information AND Individual Action Plan AND the appropriate permission for medication.

Tuhituhi tō Ingoa (Parent/Gaurdian) signature:

Head Teacher/Senior Teacher signature:

Date: