

Discretionary Enrolment Expression of Interest

Child's Name: _____

Date of Birth: _____

Home Address: _____

Mobile: _____

Email: _____

Languages used in the home: _____

Does your child currently attend another Early Childhood setting? If **Yes/No**
so what days do they attend there: *(please circle)*

If your child were to enrol, what days **Monday/Tuesday/Wednesday/Thursday/Friday**
would you prefer? *(please circle)*

What would you like your child to develop while attending Ko Taku Reo Preschool? Please describe:

Does your family have a connection with the Deaf community? If yes, please describe:

How would you support your child using NZSL in the home?

Additional comments:

Parent/caregiver signature:

Date:

Office use only

Criteria met:

Yes/No
(please circle)

Spaces available preferred days :

Yes/No
(Please circle)

Other days

Signed:

Date:
