



ENROLMENT FORM
Chinese Mandarin Language
After School Programme

Child's First Name: _____ Child's Family Name: _____

Usual Address: _____

Date of Birth: _____

Ethnic Group:

European/Pakeha NZ Maori Asian Pacific Islander Other _____

Mother's Name: _____

Phone Number: Home _____ Work _____

Email: _____

Father's Name: _____

Phone Number: Home _____ Work _____

Email: _____

People authorised to collect your child:

Every effort is made by the staff of Hillcrest Normal School and Waikato Chinese School (WCS) to provide a happy and safe environment for children. We look to you for your support in any disciplinary matters that may arise.

I/We agree to pay all collection costs, court costs and solicitors fees where applicable in the event of my/our account being overdue or unpaid.

Signed: _____ Date: _____