TOKOROA NORTH SCHOOL

KICK-START PRE-SCHOOL PROGRAMME ENROLMENT FORM

CHILD'S NAME:	
DATE OF BIRTH: / /	
PARENTS'/CAREGIVERS' NAMES:	
Mother:	
FATHER:	
Address:	
(5)	
PHONE:	Номе
	MOBILE
SIBLINGS:	
	DOB / /
	DOB / /
DUE TO START KICK-START: /	1
STARTED KICK-START: /	/