



NĀKU ĒNEI TAMARIKI (MĀORI) SECTION

HAAKUITANGA HAAKOROTANGA MĀORI PARENTING PROGRAMME Enrolment Form

This information will be kept confidential in a secure safe place and will be available only to the programme facilitator(s) and other relevant staff

Participant 1

Name:

Phone:

Address:

Cell:

.....

Date of Birth: ____/____/____

Iwi:

Will you require transport?

Yes

No

Will you require childcare?

Yes

No

If yes, what are names and ages of the children who require childcare?

.....

Do the child/ren have a car seat/s?

Yes

No

Participant 2 (partner)

Name:

Phone:

Address:

Cell:

.....

Date of Birth: ____/____/____

Iwi:

Reason(s) why you are undertaking this parenting programme?

.....

.....

Are any other agencies involved?

Yes

No

If yes, who are they:

.....

Thank-you for taking the time to fill in the form, and wish to extend a very warm welcome to you all

OFFICE USE ONLY:

Date of enrolment: ____/____/____

Date exited: ____/____/____