



# Te Kohanga o te Whenua Hou

## 2015 REGISTRATION FORM

All whanau that use Te Kohanga o te whenua hou programs are asked to register their personal details. This information is needed in case we need to contact you; if there are any changes that you need to be aware of; and for consent to participate in our activities. This information will be kept confidential.

There is also an annual registration fee per whanau of \$20 payable each year.

WHANAU DETAILS													
<b>WHAEA (Mother):</b> Surname			First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss <input type="checkbox"/> Ms.		<b>Cultural background (circle)</b>		
											Maori Samoan Tongan Fijian Aust Tokelau Cook Is ATSI Other		
Address:							Birth date:		Age:		Sex:		
							/ /				<input type="checkbox"/> M <input type="checkbox"/> F		
Email:					Phone:			Mobile:					
<b>WHAKAPAPA – WHAEA</b>													
<b>WAKA</b>			<b>IWI</b>			<b>HAPU</b>			<b>MARAE</b>				
<b>MATUA (Father):</b> Surname			First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss <input type="checkbox"/> Ms.		<b>Cultural background (circle)</b>		
											Maori Samoan Tongan Fijian Aust Tokelau Cook Is ATSI Other		
Address:							Birth date:		Age:		Sex:		
							/ /				<input type="checkbox"/> M <input type="checkbox"/> F		
Email:					Phone:			Mobile:					
<b>WHAKAPAPA – MATUA</b>													
<b>WAKA</b>			<b>IWI</b>			<b>HAPU</b>			<b>MARAE</b>				
PROGRAM PARTICIPATION													
<b>WHANAU MEMBERS/TAMARIKI</b>		<b>DOB</b>	<b>PROGRAM ACCESSING</b> Playgroup / Tamariki / Rangatahi / Te Reo Classes				<b>MEDICAL CONDITIONS, ALLERGIES, ETC</b>						
<b>CONSENTS</b> For your tamariki to attend Te Kohanga o te whenua hou activities, your consent must be given. This helps Te Kohanga to promote its activities and access funds			<input type="checkbox"/> I give my consent for our whanau to participate in Te Kohanga o te whenua hou activities  <input type="checkbox"/> I do not consent for our whanau to participate in Te Kohanga o te whenua hou activities				<input type="checkbox"/> I consent to photo's of our whanau used to promote Te Kohanga o te whenua hou both online & printed. I understand that identifying information will not be provided without my further consent  <input type="checkbox"/> I do not consent to photo's of our whanau being used						
<b>CONDITIONS OF USING TE KOHANGA:</b> All whanau must commit to all of the following:			<input type="checkbox"/> Attending each week <input type="checkbox"/> Assist and support fundraising efforts <input type="checkbox"/> Code of conduct compliance			<input type="checkbox"/> Supporting the kaupapa of the Te Kohanga o te whenua hou		<input type="checkbox"/> Attending the annual working bee to help clean the whare					
By signing this form, I agree that I have provided all information, responded to all consents and commit to the conditions of use, as indicated					Signed:			Date:		\$20 Fee paid: <input type="checkbox"/> YES <input type="checkbox"/> NO			