

Kidzcare



Family Registration Form

Please print and return to:

Kidzcare
578 Old Coach Rd
R D 1 Upper Moutere
Nelson

Contact Details For Your Family:

Your name(s):

Family Name:

Home address:

Suburb:

Town:

Home Phone:

Work Phone:

Cell Phone:

(For emergency use only)

Email Address:

Emergency Contact Details:

(Someone other than yourself)

Their Name:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

(For emergency use only)

Please tell us about your family:

Child's Name:

Birthdate:

Advice / Special Needs / Health / Medication:

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Please tell us about your home:

We have pets Yes / No

Details:

Do you have a fireplace and fireguard? Yes / No

Do you have a fire extinguisher? Yes / No

Do you have any advice on how to find your home?
(eg Red Letter box, home at end of shared driveway, etc)

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Please contact us on 03 540-3903 (during standard business hours)