

ALL DETAILS MUST BE COMPLETE

Whanau Ora Client information form

***parents details below

He Whānau Manaaki o Taranaki
Erakorua Kindergarten

First Name: _____ Last Name: _____

Address: _____ Suburb: _____

City: _____ Region: _____ Postcode: _____

Date of Birth: ____/____/____ Gender: Male / Female Email address: _____

Home: _____ Mobile: _____ Work: _____

Languages spoken at Home: English: YES / NO (Please number 1-3 any other languages spoken at home from the table below)

Bislama	Cook Island Māori	Dorer in Naoero	Gagana Samoa	Kiribati	Māori
Niuean	Ōlelo Hawai'i	Other	Papua New Guinean	Pijin	Pitkern
Rotuman	Tahitian	Tokelauan	Tongan	Tuvaluan	English

Primary Ethnicity: (Please circle/tick from the table below)

Cook Island	Fijian	Hawaiian	Kiribati	Nauruan	Niuean
Ni Vanuatu	NZ European	NZ Maori	Other	Papua New Guinean	Pitcairn Islander
Rotuman	Samoan	Solomon Islander	Tahitian	Tokelauan	Tongan
Tuvaluan					

Secondary Ethnicity: (Please circle/tick from the table below)

Cook Island	Fijian	Hawaiian	Kiribati	Nauruan	Niuean
Ni Vanuatu	NZ European	NZ Maori	Other	Papua New Guinean	Pitcairn Islander
Rotuman	Samoan	Solomon Islander	Tahitian	Tokelauan	Tongan
Tuvaluan					

Family Member details: all members living in your house include date of birth

Full Name	Ethnicity	Gender	Relationship	Date of Birth	Age
		M F			
		M F			
		M F			
		M F			
		M F			
		M F			
		M F			
		M F			

I give permission for He whanau Manaaki Kindergarten Association to use my information I have provided for all purposes of Whanau Ora.

Name:

Signature:

Date: