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|  | **CHILD ENROLMENT FORM**Rototuna Family Health Centre**Phone: (07) 282 1324, Fax: (07) 855 4354****Email:** **contactus@rototunafhc.co.nz** | **Rototuna Family Health Centre**240 Thomas RoadRototuna, Hamilton 3210 |

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| **Fields marked with an** \* **are compulsory** | **EDI: UCSAYQDY****Dr Mohamed Bahr NZMC#: 29904** ** Dr Azira Mohd Tadzri NZMC#: 83723** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent Name**  | *(Title)* |  |  |  |
| *\*Given Name/First Name* | *\*Other Given Name(s)* | *\*Family Name/Surname* |
| **Relationship** |  | *\****Date of Birth** |  |
| **Contact Details** | *\****Address:** | *\*****Mobile Number:*** |

**We are assuming that the address and previous practice are the same as what you have filled out on the form. We will also consider you are their next of kin. If any information is different, please use the blank field to fill this in.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child 1 Name** | *(Title)* | *\*Given Name/First Name* | *\*Other Given Name(s)* | *\*Family Name/Surname* |
| **Birth Details**  |  |  |  |
| *\* Day / Month / Year of Birth* | *\*Place of Birth* | *\*Country of birth* |
| **Gender** | \*Male \*Female \*Gender diverse (Please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Information** |  | \*NHI *(Office use only)* |

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| **Child 2 Name** | *(Title)* | *\*Given Name/First Name* | *\*Other Given Name(s)* | *\*Family Name/Surname* |
| **Birth Details**  |  |  |  |
| *\* Day / Month / Year of Birth* | *\*Place of Birth* | *\*Country of birth* |
| **Gender** | \*Male \*Female \*Gender diverse (Please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Information** |  | \*NHI *(Office use only)* |

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| --- | --- | --- | --- | --- |
| **Child 3 Name** | *(Title)* | *\*Given Name/First Name* | *\*Other Given Name(s)* | *\*Family Name/Surname* |
| **Birth Details**  |  |  |  |
| *\* Day / Month / Year of Birth* | *\*Place of Birth* | *\*Country of birth* |
| **Gender** | \*Male \*Female \*Gender diverse (Please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Information** |  | \*NHI *(Office use only)* |

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| **Extra Information:** |
| **Signature:** | **Date:** |
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