NGĀ TAU MIHARO MŌ NGĀ MĀTUA
INCREDIBLE YEARS PROGRAMMES FOR PARENTS
REGISTRATION FORM

This enrolment form, if being completed by an agency or organisation, must always have parent/caregiver consent

Please indicate programme of interest:

Pre-school Basic – for parents of 3 – 8 year old children	
Toddler – for Parents of 1 – 3 year old children	
Autism – for Parents of 2 – 5 year old children	

Child's name	
DOB	
Ethnicity / Ethnicities	
Living with:	
ECE or School child is attending	
Diagnosis (if any / known)	
Other Services the child receives support from	
Number of other children in family home	

Tell us a little about your child and what is going on – what are some strengths and what are some challenges? What would you like to get out of attending this programme?

Are there any Care and Protection Issues / Risks?   If Yes please provide details:

Parent / Caregiver Name - 1	
Address	
Ethnicity / Ethnicities	
Home and Cell Phone number	
Email address	
Preferred time to attend - circle preferred option	Morning or Evening
Has child living with – for at least 3 – 4 days/nights	Yes No
Parent / Caregiver Name - 2	
Address	
Ethnicity / Ethnicities	
Home and Cell Phone number	
Email address	
Preferred time to attend - circle preferred option	Morning or Evening
Has child living with – for at least 3 – 4 days/nights	Yes No

Registration to Incredible Years and / or Other Organisation / Agency Involvement:

Name of Organisation/Agency	*Name of Person and Phone/email details*

CONSENT:

By signing consent to enrol in the Incredible Years Parenting Programme the parent / caregiver is acknowledging and consenting to the following:

- The Ministry of Education may use this information for statistical purposes only
- The Ministry of Education at times does contract Non-Government Organisations to provide delivery of the Incredible Years Parenting Programmes. Information for the purposes of delivery of the programme is shared with these organisations on a confidential basis.

Signature of Parent/Caregiver   _____

Date   _____

Please send to: Incredibleyears.Canterbury@education.govt.nz

This registration remains valid for 12 months from date of signature/s
after which time it will be withdrawn