**Whanau Aroha Programme**

**Registration Form**

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| **Registration Demographics** | | | | | |
| **Last Name** |  | **First Names** |  | | |
| **Street Address** |  | | | | |
| **Suburb** |  | **City** |  | **Postcode** |  |
| **Phone** |  | **E-mail Address** |  | | |
| **Baby’s Name** |  | **Baby’s DOB** |  | | |
| **Partner’s Last Name** |  | **Partner’s First Name** |  | | |
| **Partner’s Address** |  | **Partner’s Phone** |  | | |
| **Partner’s Email** |  |  |  | | |

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| **Registration Information:** |  |  |
| Are you a current client of Thrive? | Yes | No |
| Do you need transport to attend the course? | Yes | No |
| Do you have any special dietary requirements?  **If YES what?**  Vegan, Glucose Intolerance, Allergies to Dairy, Nuts, Vegetarian, Other |  |  |
| **Parenting Programmes:** |  |  |
| Would you like more information on Thrive? | Yes | No |
| Is this the first parenting programme you have registered for? | Yes | No |
| If NO, what other courses have you attended?  ………………………………………………………………………………………………  ………………………………………………………………………………………………  ………………………………………………………………………………………………. |  |  |