



**He Manu Hou**

He Manu Hou Trust  
Te Aitarakihi Multicultural Centre  
50 Bridge Road, Timaru  
Lower Building

PO Box 928  
Timaru 7910  
0204 683 464

## Change of contact details form

### CHILD'S DETAILS

First name \_\_\_\_\_ Surname \_\_\_\_\_

Date of birth \_\_\_ / \_\_\_ / \_\_\_

*Please fill in all details that need to be updated below*

### ADDRESS

Street number \_\_\_\_\_ Street name \_\_\_\_\_

Suburb \_\_\_\_\_

Town/City \_\_\_\_\_ Postcode \_\_\_\_\_

### CONTACT NUMBER

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ for \_\_\_\_\_ (caregivers name)

Cell phone \_\_\_\_\_ for \_\_\_\_\_ (caregivers name)

Work phone \_\_\_\_\_ for \_\_\_\_\_ (caregivers name)

Work phone \_\_\_\_\_ for \_\_\_\_\_ (caregivers name)

### EMAIL:

Email \_\_\_\_\_ for \_\_\_\_\_ (caregivers name)

Your name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

### ADMINISTRATION USE ONLY

Input date \_\_\_ / \_\_\_ / \_\_\_

Checked by \_\_\_\_\_

Signed \_\_\_\_\_