



Registration / change of details form

If you answer 'NO' to any questions below, please complete this form.

Was your child born in New Zealand? Yes No

Was your child born in a hospital in the Auckland region? Yes No

Have you lived at the same address for the last 12 months? Yes No

We will register your child with our service if they are not already on our database. If you have not received an appointment for your child after 6 months please contact us.

Child's first & middle name(s):	Child's last name:	
Date of birth:	Male Female	
NHI (if available):	Mobile phone:	
Address:	Other phone:	
	Mother's Name:	
Email Address:		
Current School & School Year:		
Ethnicity: <i>Which ethnic group do you belong to? Mark the space or spaces which apply to you.</i>		
<input type="checkbox"/> NZ European	<input type="checkbox"/> Māori	<input type="checkbox"/> Samoan
<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> Tongan	<input type="checkbox"/> Niuean
<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Other: _____

If you have other children to be seen by the dental service, please list below:

Siblings Name	Date of Birth	NHI (if known)	School & School Year

Please Note: if you are not a NZ citizen or a NZ permanent resident you may not be eligible for publicly funded healthcare to check please go to www.moh.govt.nz/eligibility