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**Referral for Parent support**

Date: ………………………………………. Referred By: ………………………………………..

 Referrers contact: ……………………………….

Family Name: …………………………………………………….

Mother Name: …………………………………………………..

Father Name: …………………………………………………….

Children Name 1: ……………………………………………….. Date of Birth: ……………………………..

Children Name 2: ……………………………………………….. Date of Birth: ………………………………

Children Name 3: ……………………………………………….. Date of Birth: ………………………………

Family Address: ………………………………………………………………………………………………………….

 ………………………………………………………………………………………………………….

 ………………………………………………………………………………………………………….

Contact Phone Number/s …………………………………… Cell: ………………………………………….

Email address: …………………………………………………..

Reasons for referral:

Any further information:

Please note that for Families not involved with Nelson Tasman Kindergartens, there is a charge of $35.00 per hour for this service. If this is a barrier, please contact Brenda to discuss other options.

Please forward to: Brenda Holdaway at Nelson Tasman Kindergartens

 Brenda.holdaway@ntk.org.nz or post to: PO Box 360 Nelson 7040

Please don’t hesitate to phone or email to further discuss this referral

 Phone (03) 546 7683 x 712 Fax 548 4720