



FAMILY REGISTRATION FORM

PLEASE POST THIS FORM TO: Heart Children New Zealand Inc
 PO Box 108-034
 Symonds Street
 AUCKLAND 1150

Child/Young Person Details	Caregivers
First name..... Middle..... Surname..... Date of Birth:..... Gender:..... Ethnic Group..... First Language:..... Interpreter needed?..... Home Address:..... Medical information (optional): Diagnosis:..... Surgery? And/or awaiting surgery?..... Pacemaker?..... Anti-coagulant machine?..... Cardiologist:..... Local Hospital:.....	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other..... Name:..... Address:..... Ph Home:..... Ph Bus:..... Mobile:..... Occupation:..... Email:..... <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other..... Name:..... Address:..... Ph Home:..... Ph Bus:..... Mobile:..... Occupation:..... Email:..... <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other..... Name:..... Address:..... Ph Home:..... Ph Bus:..... Mobile:..... Occupation:..... Email:..... Are you a member of Heart Children NZ or one of our local Branches?
Siblings	
Name:..... Date of Birth:..... Gender:..... Name:..... Date of Birth:..... Gender:..... Name:..... Date of Birth:..... Gender:.....	

Welcome to Heart Children New Zealand. **Free Membership**

Primary caregiver to complete:
 I would like to be contacted when I go home.
 I would like these details to be passed to the Zipper Kidz Club, a Club for children from age 0 to 18 years old.

Name:..... Signature:..... Date:.....

Privacy Act 1993 – This information is being collected for the purposes of Heart Children NZ Inc. Information collected will be considered confidential and will not be given to third parties. Applicants have the right to view and request correction of that information.