



Thank you for your interest in joining the Early Childhood Council - New Zealand's largest representative body of independent private- and community-owned early childhood education centres. Please complete this Application form and submit with your payment to:

The Early Childhood Council
P O Box 5649
Wellington 6140

Or
e-mail to admin@ecc.org.nz

GST Number: 58-903-469
This form becomes your GST
Tax Invoice on payment.

Membership Eligibility

To be a member of the Early Childhood Council, you must be an independent early childhood education centre, which means you may be privately-owned or owned/governed by a community board, but you cannot be part of a Free Kindergarten association, Te Kohanga Reo National Trust or New Zealand Playcentre Federation. Only centre-based services are eligible, so you cannot be a provider that offers only home-based services.

Is your service:

Privately-owned

Community-owned

To be a member of the Early Childhood Council, the whole entity (single ownership structure) must join, not just one centre.

1. Group Details (list here the contact details of the ownership group)

Group Name:			
Group Contact Person:			
Group Contact Person Title:		Group Contact Person Mobile:	
Group Physical Address:			
Group Postal Address:			
Group Phone:			
Group Contact e-mail:			
Group website:			
How many centres do you have?			
Total Licensed Places:	U2	O2	Total

2. Centre Details (list here the contact details of each centre in the group)

Centre Name:			
Centre Contact Person:			
Centre Contact Person Title:		Contact Person Mobile:	
Centre Physical Address:			
Centre Postal Address:			
Centre Phone:		License #	
Centre Contact e-mail:			
Licensed Places:	U2	O2	Total

For more than one centre, repeat on a separate page.

Additional Centre Details (list here the contact details of each centre in the group)

Centre Name:					
Centre Contact Person:					
Centre Contact Person Title:		Contact Person Mobile:			
Centre Physical Address:					
Centre Postal Address:					
Centre Phone:		License #			
Centre Contact e-mail:					
Licensed Places:	U2		O2		Total

Additional Centre Details (list here the contact details of each centre in the group)

Centre Name:					
Centre Contact Person:					
Centre Contact Person Title:		Contact Person Mobile:			
Centre Physical Address:					
Centre Postal Address:					
Centre Phone:		License #			
Centre Contact e-mail:					
Licensed Places:	U2		O2		Total

Additional Centre Details (list here the contact details of each centre in the group)

Centre Name:					
Centre Contact Person:					
Centre Contact Person Title:		Contact Person Mobile:			
Centre Physical Address:					
Centre Postal Address:					
Centre Phone:		License #			
Centre Contact e-mail:					
Licensed Places:	U2		O2		Total