



waitlist registration form

3A Donald Bruce Road
 Surfdale
 WAIHEKE ISLAND
 Phone 372-6115

Child's name: _____ Please circle: Male / Female

Date of birth: (Day/Month/Year) _____

Currently enrolled at another childcare centre? *Please circle: yes / no*

Preferred sessions: *Please tick in box*

- Morning session available for under 2 year olds only
- We require a minimum attendance of two sessions per week

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9.00 – 12.00	under 2	under 2	under 2	under 2	under 2
Full Day A 7.30 – 5.00					
Full Day B 8.30 – 3.00					

Preferred start date:

- as soon as possible
- starting ____/____/____

Contact details:

Name: _____

Address: _____

Phone (hm): _____ (wk): _____ (mobile): _____

Email: _____

Signature: _____

Date: ____/____/____

Please return the completed form (signed and dated) to our Centre at the above address.