

‘For the East Taieri Preschool community to be exemplary in early year’s Education, creating an environment that empowers learners to be engaged citizens’



WAITING LIST ENROLMENT FORM

I wish to enrol _____ Date of birth: _____.

Address _____

_____ Post Code _____

Phone (Hm) _____ (Wk) _____ (Cell) _____

Email _____

Parents/Whānau Names _____

Signed _____ Date: _____

Preferred sessions (please tick):

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------|---------|-----------|----------|--------|
| am | | | | | |
| pm | | | | | |
| Full day | | | | | |

Date you would like your child to start: _____

OPTIONAL INFORMATION: For Preschool advertising purposes, we are interested to know how you heard about our Preschool – please tick the appropriate box/boxes below.

- Word of mouth?
- Other? Please specify _____

| | | | |
|--------------|--|------------|--|
| Received by: | | Confirmed: | |
|--------------|--|------------|--|