

White Heron Learning Centres Ltd.

WAITING LIST APPLICATION FORM

Centre: **Manurewa** **Otara** **Mangere Bridge** **Dawson**

Under 2 **2-3 year old** **3-5 year old**

Childs name: _____ Ethnicity _____

Date of Birth _____ Male / Female (please circle)

Parent / Guardian Names: 1. _____ 2. _____

Address: _____

Phone: Home _____ Work _____ Mobile _____

Email: _____

Days Required: Full week or Mon Tues Wed Thur Fri (please circle at least 2 days)

Hours of Care Required: _____ (min 6 hrs per day)

Start Date requested: _____

Special needs (if any): _____

Is child currently enrolled in another ECE service YES / NO (please circle)

Signed _____ Date _____

All information provided is confidential in accordance with the Privacy Act 1994

For Office Use Only

| Date | Action | Response |
|------|--------|----------|
| | | |
| | | |
| | | |

