



# WAIT LIST FORM 2012

Child's first name :	Surname:
Sex:                      Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Ethnic/cultural origin:	
Please tick which Centre you would like your child enrolled in: Nursery <input type="checkbox"/> Preschool <input type="checkbox"/>	

<b>Parent/Guardian</b>
First name:
Last name:
Home address
Home phone no.
Mobile no.
Email:
Date you would like your child to start:

45 BRECON STREET. QUEENSTOWN. NZ

☎ (03)4429217

✉ queenstownchildcare@xtra.co.nz

💻 www.qpn.co.nz

Days/Times you would like your child booked in:

Monday	Arrival time		Departure time	
Tuesday	Arrival time		Departure time	
Wednesday	Arrival time		Departure time	
Thursday	Arrival time		Departure time	
Friday	Arrival time		Departure time	

I will notify QPN if I no longer require my child's name on the Waiting List.

I will contact QPN monthly to confirm I would like to remain on the Waiting List.

I understand that if I do not contact the QPN monthly my child's name will be taken off the List

**Parent/Guardian name:**

**Parent guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dates contact made: \_\_\_\_\_

\_\_\_\_\_

