



# WAIT LIST FORM 2018

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

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

45 BRECON STREET. QUEENSTOWN. NZ

☎ (03)4429217

✉ queenstownchildcare@xtra.co.nz

💻 www.qpn.co.nz

**Days/Times you would like your child booked in:**

<b>Monday</b>	<b>Arrival time</b>		<b>Departure time</b>	
<b>Tuesday</b>	<b>Arrival time</b>		<b>Departure time</b>	
<b>Wednesday</b>	<b>Arrival time</b>		<b>Departure time</b>	
<b>Thursday</b>	<b>Arrival time</b>		<b>Departure time</b>	
<b>Friday</b>	<b>Arrival time</b>		<b>Departure time</b>	

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: \_\_\_\_\_

\_\_\_\_\_

