

## Early Years Care and Education

Tuhituhi tö Ingoa (Parent/Gaurdian) signature:

## Waiting list form

Date:

Centre	rning Centre				
Child					
Child's official given name / Te Ing	Official surname	Official surname:			
Child's official other names:	Date of birth/Te	Date of birth/Te rā whānau:			
Child's address/Kainga:					
○ Female/Kotiro ○ Male/Tane	ātāwaka:				
Iwi affiliation:					
Parents/Guardian(s)/Ngā	matua				
Name:	Name:	Name:			
Address:		Address:	Address:		
Phone (home):		Phone (home):	Phone (home):		
Phone (work):		Phone (work):	Phone (work):		
Phone (mobile):	Phone (mobile):	Phone (mobile):			
Email:	Email:	Email:			
O University staff/Roopu kai mahi Department:	O University sta Department:	O University staff/Roopu kai mahi Department:			
O University student /Iwi whānui Course:	○ University stu Course:	○ University student /lwi whānui Course:			
○ Community user/Akonga Place of employment:			○ Community user/Akonga Place of employment:		
Bookings Monday	Tuesday	Wednesday	Thursday	Friday	
Time start					
Time finish					
ECE hours					
Start date: Minimum booking 2 days					
☐ I would be interested in a part bo	oking until all the days/ se	ssions I have requested become a	vailable.		
Please note this is a request for a place 4 months before your requested start according to the availability of spaces	date to confirm the booking.				

Head Teacher/Senior Teacher signature: