



Waiting List Form

Child's official surname / family name:					
Child's official given name:					
Child's official other names/middle names: <i>(please separate names with a comma)</i>					
Name your child is known by / preferred name:					
Child's date of birth: / /	Male <input type="checkbox"/> Female <input type="checkbox"/>				
Mothers/Guardians Name:					
Address:					
Post Code:					
Home phone no:	Work phone no:				
Mobile:					
email address:					
Please advise us if your child starts at another centre or you move from the area and you no longer want your child to be on our waiting list.					
<p>Please note: When a vacancy becomes available for your child we will contact you to verify your acceptance for the day offered. You will need to complete the enrolment process during the week before your child starts at The Rose Centre Community Pre-school, between 8.30am and 1.30pm Monday - Friday.</p> <p>We will require a copy of one of the following documents (Please bring your original).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">New Zealand Birth Certificate</td> <td style="width: 50%;">Foreign Birth Certificate</td> </tr> <tr> <td>New Zealand Passport</td> <td>Foreign Passport</td> </tr> </table> <p>and your child's Immunisation Certificate</p>		New Zealand Birth Certificate	Foreign Birth Certificate	New Zealand Passport	Foreign Passport
New Zealand Birth Certificate	Foreign Birth Certificate				
New Zealand Passport	Foreign Passport				
Does your child have any special needs i.e. medical conditions, speech/ language delays, hearing difficulties, special diet/allergies etc. Yes No					
If Yes, please give details:-					
Parent Signature.....Date.....					
Staff Signature.....Date.....					