



21A Tinakori Road, Thorndon, Wellington
Phone 473 1947 Fax 473 1931 Email: supervisor@citykids.org.nz

WAITING LIST APPLICATION FORM

Name of Child: _____

Date of birth ___/___/___

Male Female

Name of Enrolling Custodial Parent/Guardian :

Wk phone _____

Child's address _____

Home phone no _____

Home fax no _____

Email address to send enrolment information :

I would like my child to commence Citykids on ___/___/___

Please indicate your preferred Attendance:

(minimum of 3 days)

MON

TUE

WED

THU

FRI

Have other children from your family attended City Kids?
Comment :

YES NO

How did you hear about City Kids?

- have already been a parent of City Kids
- word of mouth
- internet
- yellow pages
- other (please specify) _____

Please complete and return this form to the Supervisor Amanda Higgins.

Applications for an immediate place will be held for one month, at which time please contact Amanda if you wish to remain on the waiting list.

Applications for a place some time in the future will be held until the date specified and you will be contacted by Amanda.

Please keep in regular contact with the Supervisor and advise Amanda if a place is no longer required.

Once confirmation of a place in the Centre is given, a bond of 2 weeks fees in advance is required to secure that place.