



PRE-ENROLMENT APPLICATION

Please complete all the information below and return to:
 120 Warren Street, Wanaka - phone 03 4431181, fax 03 4431153
 We will be in contact when a permanent booking is available.

Preferred start date: _____ Casual/Permanent

Child's full name _____ M / F

DOB _____ or estimated DOB if unborn _____
please note, we require a copy of the birth certificate (when available) to validate your application.

Caregivers names 1. _____
 2. _____

Residential address _____

Other address (if applicable) _____

Contact Ph _____ (Home) _____ (Work)
 _____ (Mobile) _____ (Other)

EMAIL ADDRESS _____

Do you require specific bookings per day? No Yes (*please advise*)

Monday	Tuesday	Wednesday	Thursday	Friday

**** I hereby enclose the deposit of \$25.00, and understand that this will be credited to my account when my child is enrolled to attend the centre, or refunded if the application is withdrawn prior to being offered a permanent booking.***

**** I hereby agree to notify the centre if any details on this application change.***

Signature _____ Date _____

Occasionally, We are requested to complete surveys to ascertain the childcare requirements for families in our area. It would be helpful if you could advise whether your child is:

- currently attending - Montessori Wanaka Preschool Hawea Kindergarten Oanaka Other?
 (please advise) _____

- on the waiting list at - Montessori Wanaka Preschool Hawea Kindergarten Oanaka Other?
 (please advise) _____

- with a Home Based Carer - Yes No

Please Note: This information is used for statistical purposes only. Your privacy is respected and names are never disclosed, nor will this information affect the outcome of your application. Thank you for your co-operation.

Office Use Only

Date of last contact _____

NOTES: Birth certificate held? Application fee held? Acknowledgement letter sent?