

Wait List Form

Child's Name:			
Date Of Birth:		Gender:	
Address:			
Tel Home:		Mobile:	
Tel Work:		Email:	
Place In Family:			

Please indicate below the preferences you have for when you will need a place and how many days you would require. (This information is for filing purposes, as spaces are reliant on availability.)

Start date:		Finish date:	
Preferred days of the week:		Number of days required:	

How did you hear about us?

Feel free to contact us and get updates on the waiting list.

Signature: _____

Name: _____

Date: _____

Email: waitinglist@christopherrobin.co.nz Post: 4 Sherwood Ave, Grey Lynn. 1021

