



WAITING LIST FORM

Date: _____

Welcome to Playhouse Early Learning Centre.
 We are glad that you have chosen to enquire about our centre.
 Please fill in this form and we will be in contact with you shortly to discuss the spaces that we have available. You will then have an opportunity to fill in an enrolment form.

Name of child: _____

Date of Birth: _____

Name of Parent/s: _____

Contact Ph Numbers: _____

Address: _____

My preferred start date would be: _____

The days/sessions I require are:

Session:	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day, please tick which days: Up to 9.5 hours per day					
Full Week, please tick every day Up to 9.5 hours per day Monday-Friday					

We will be in touch with you as soon as a place becomes available; we look forward to having you at Playhouse.

