



Waiting List Form

MEADOWBANK MULTIPURPOSE LEARNING CENTRE

CHILD'S DETAILS

NAME:	
DATE OF BIRTH	___ / ___ / _____

ENROLMENT DETAILS

DATE/MONTH OF INTENDED ENROLMENT					
PLEASE CIRCLE PREFERRED DAYS	MON	TUE	WED	THU	FRI

PARENT'S DETAILS

PARENT'S NAME:			
ADDRESS:			
PHONE		MOBILE	
EMAIL:			

FURTHER DETAILS

SIBLINGS AT THE CENTRE?	YES NO
IF YES, NAME(S):	
ROOM GROUP:	
How did you hear about the centre? (Please circle)	
Friend	Internet
Advertising	Other (please specify):

Signature:	Date:
Waiting List fee received YES NO	
Received by:	Signature:
	Date: