

Three Kings Community Kindergarten Waiting List Form



◆ Child's details:

Child's **official given first name:**

Child's **official surname or family name:**

Child's **official other names / middle names:**
(please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name:

Given name:

Child's **date of birth:** / /

Gender: Male Female

Child's primary residential address:

Post Code:

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Parents / Guardians:

1. Given names:

2. Given names:

Surname / family name:

Surname / family name:

Relationship to child:

Relationship to child:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Occupation:

Occupation:

◆ How did you hear about us

Advertisement

Flyer

Previously enrolled sibling

Website

Word of mouth

Other

Signage

Another Kindergarten