



grace kindergarten
Uniquely Christian

Waiting List Application

Child's Name:
(Given Names) (Family Name)

Date of Birth: Telephone:

Mobiles :

Address:
.....

Parents' Names:
.....

Caregivers' Names if applicable:

Additional Contact Phone Numbers (eg, business, daytime caregivers'. Please state which.)
.....

Sex of Child: Ethnic Origins:
(For Ministry of Education Statistics)

If the child identifies as Maori, please enter the name(s) of his/her iwi.
You may enter more than one iwi. If you do not know the iwi, please enter 'Don't know'.

What denomination or church do you regularly attend? (print NIL if none):

Special Needs Services my child is currently under, or for which he/she may require special resources
.....
.....

Do you intend to have your child remain at Grace until the age of 5? Yes / No

Is your child a sibling of a present or past pupil of Grace Kindergarten? Yes / No

I understand that the above details are strictly confidential to Grace Kindergarten staff and Board of Management and I authorise them, or members of their fund-raising committee, to use my name, address, and phone number to contact me for the purposes of fund-raising for Grace Kindergarten.

Signature: Date: