



grace kindergarten
Uniquely Christian

Waiting List Application

Child's surname or family name :	
Child's given name :	
Child's date of birth:	Male/Female <i>(delete one)</i>
Parents' names:	
Caregivers' names (if applicable):	
Address:	
Post Code:	
Phone (Home):	Phone (Work):
Mobile:	Other contact (eg e-mail):
Child's ethnic origin/s: <i>(For Ministry of Education Statistics)</i>	Iwi your child belongs to:
Do you regularly attend a church?: Yes/No <i>(delete one)</i> If yes, which church do you regularly attend?	
Is your child accessing Special Needs Services, or do they require special resources?: Yes/No <i>(delete one)</i> If yes, please specify.	
Do you intend to have your child remain at Grace Kindergarten until the age of 5?: Yes/No <i>(delete one)</i>	
Is your child a sibling of a present or past pupil of Grace Kindergarten?: Yes/No <i>(delete one)</i> If yes, please specify.	
I understand that the above details are strictly confidential to Grace Kindergarten staff and Board of Management.	
Signature:	
Date:	