

# OurKidz NZ Ltd

## Waiting List

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**Full Name of Child:** \_\_\_\_\_

**School Child Attends:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Parent 1:** \_\_\_\_\_

**Phone Number:**

**Work** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Name of Parent 2:** \_\_\_\_\_

**Phone Number:**

**Work** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Programme Required:**      **Before School**       **After School**       **Holiday**

**Days Required:**      **Mon**       **Tue**       **Wed**       **Thu**       **Fri**

**Date expecting to commence:** \_\_\_\_\_

**E mail address:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_