



A.B. PATERSON COLLEGE EARLY CHILDHOOD CENTRE

...providing high quality programmes for the care, well-being and education of young children...

WAITING LIST APPLICATION FORM 2017

Child's Full Name: _____ D.O.B: _____

Mother/Guardian Name: _____

Occupation: _____

Father/Guardian Name: _____

Occupation: _____

Home Address: _____
_____ Postcode: _____

Home Phone Number: _____ Mother's Mobile: _____

Father's Mobile: _____ Work Number: _____

Preferred Email: _____

Waiting list deposit fee
of \$20.00
paid on: _____

Received
by: _____
Record entered
into database
by: _____

Date: _____

Please circle as appropriate:

Is the care for: Work Study Seeking Employment
 Child's Development Parent Respite Child's Education

How did you find out about the Centre? _____

From when do you require care? _____

Is your child registered to attend A.B. Paterson College? Yes / No

Please circle days requested: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Are these days flexible? Yes / No Do you want any days available? Yes / No

Additional comments: _____

Signed: _____ Date: _____

Please note: A registration for the A.B. Paterson Early Childhood Centre does not constitute a registration for school-age entry into A.B. Paterson College. Please contact the College on 07 55 947 947.