

The Point

— EARLY LEARNING CENTRE, GISBORNE —

EXPRESSIONS OF INTEREST

Thank you for your enquiry. This form enables us to add your child(ren) to our Waiting List in order that they may attend our new, purpose-built early learning centre.

Parent/Guardian First Name(s)*

Surname*

Address*

.....

.....

Phone (daytime)*

Mobile

Email*

CHILD 1: First Name(s)*

Surname*

Date of Birth*

Which day(s) would you prefer for CHILD 1?*(please tick)

Monday Tuesday Wednesday Thursday Friday

What time would you prefer for CHILD 1?* AM PM Full day

CHILD 2: First Name(s).....

Surname

Date of Birth

Which day(s) would you prefer for CHILD 1?*(please tick)

Monday Tuesday Wednesday Thursday Friday

What time would you prefer for CHILD 1?* AM PM Full day

CHILD 3: First Name(s).....

Surname

Date of Birth

Which day(s) would you prefer for CHILD 1?*(please tick)

Monday Tuesday Wednesday Thursday Friday

What time would you prefer for CHILD 1?* AM PM Full day

Please send completed forms to:

The Point, PO Box 562, Gisborne 4040 or email admin@thepoint.nz

THANK YOU FROM THE TEAM AT THE POINT

**required fields*

