

Matakana Village Preschool

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Pre enrolment form

<i>Child's Full Name:</i>		
<i>Preferred Name:</i>		
<i>Date of birth:</i>		<i>Male / Female</i>

Parent/Guardian

<i>(1) Full Name:</i> <i>(2)</i>		<i>(2) Full Name:</i>	
<i>Postal Address:</i>		<i>Postal Address: (if different)</i>	
		<i>Post Code:</i>	<i>Post Code:</i>
<i>Home Phone:</i>		<i>Home Phone:</i>	
<i>Work Phone:</i>		<i>Work Phone:</i>	
<i>Mobile:</i>		<i>Mobile:</i>	
<i>Email:</i>		<i>Email:</i>	

Indicate preferred days

Days	Monday	Tuesday	Wednesday	Thursday	Friday
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Times	8.00am- 4.30pm	8.00am- 4.30pm	8.00am- 4.30pm	8.00am- 4.30pm	8.00am- 4.30pm
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Signed:	Relationship to Child:	Date:
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Office Use:

Date Received:

Entered on waiting list email:

Entered on waiting list: