



Khandallah Nursery School Preliminary Application

Contact Information

Child's Name _____

Date of Birth _____

Parents / Guardian's Name 1 _____

2 _____

Address _____

Email Addresses 1 _____

2 _____

Home Phone _____

Mobile Phone 1 _____

2 _____

Work Phone 1 _____

2 _____

Every child is required to attend a minimum of two sessions.

Please indicate your preferred days. If you are flexible with the selection of days then please complete the box on the right.

Days	Start Time (Please select)		Finish Time (Please select)		
	8:00am	8:30am	3:30pm	4:30pm	5:30pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Please indicate if you are flexible with your choice of days			
YES		NO	
2 Days	3 Days	4 Days	5 Days

Preferred Start date if places are available:

Please include a copy of your child's birth certificate. You will be notified as soon as a position becomes available.

Office Use Only

Date application received _____

Position available as of _____

Parents/Guardians notified _____

Confirmation received _____

Leave Date-please attach letter from parents with this notification on to the main enrolment form

Nursery School 3 Station Road, Khandallah, PO Box 222-39, Khandallah , Wellington. Ph: 475 8710
www.nurseryschool.co.nz