



## 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 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 2?\* (please tick)

Monday    Tuesday    Wednesday    Thursday    Friday

What time would you prefer for CHILD 2?\*    AM    PM    Full day

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

Surname .....

Date of Birth .....

Which day(s) would you prefer for CHILD 3?\* (please tick)

Monday    Tuesday    Wednesday    Thursday    Friday

What time would you prefer for CHILD 3?\*    AM    PM    Full day

**Please send completed forms to:**

Rewanui Early Learning Centre, PO Box 562, Gisborne 4040 or email [admin@rewanui.nz](mailto:admin@rewanui.nz)

**THANK YOU FROM THE TEAM AT REWANUI** (FORMALLY EASTLAND EDUCARE)

*\*required fields*