

THE FARMYARD FOR EARLY LEARNERS  
**EXPRESSION OF INTEREST**



Child's first name(s):

Surname:

Date of birth:   Male  Female

Child's first name(s):

Surname:

Date of birth:   Male  Female

**PARENTS/GUARDIANS**

First name:

Surname:

Address:

Phone (daytime):  Mobile:

Email:

First name:

Surname:

Address:

Phone (daytime):  Mobile:

Email:

**TIMES PREFERRED**

**CHILD 1:** Days:  Monday  Tuesday  Wednesday  Thursday  Friday

Hours preferred: AM  PM

Preferred enrolment date:  ASAP  Other

**CHILD 2:** Days:  Monday  Tuesday  Wednesday  Thursday  Friday

Hours preferred: AM  PM

Preferred enrolment date:  ASAP  Other

**Thank you for your interest**

Please post completed forms to **160 Valley Road, Gisborne 4010**, or email to [info@thefarmyard.school.nz](mailto:info@thefarmyard.school.nz)

Once the form is received we will be able to put you either on the waiting lists.

If there is any further information required please contact us on **867 4565** or [info@thefarmyard.school.nz](mailto:info@thefarmyard.school.nz)