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**

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**