

WELLINGTON CITY RUDOLF STEINER KINDERGARTEN

10 Davis Street, Thorndon, Wellington
Ph (04) 499 7394 email: wgt_n_steiner_kindy@yahoo.co.nz

Application for Waiting List

Child's full name: _____ **BOY / GIRL**

Date of Birth: _____ Ethnicity: _____

Iwi affiliation: _____ Date you would like child to commence: _____

How did you find out about us? _____

Days and hours child attends any other early childhood service: _____

Does the child have any siblings that are attending or have attended this Kindergarten? **YES / NO**

If YES sibling's name/s: _____

Parent's Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

_____ Email: _____

Parent's Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

_____ Email: _____

I/we understand that this places my/our child on the Wellington City Rudolf Steiner Kindergarten Waiting List and does not guarantee a place in the Kindergarten.

Please attach an administration/processing fee of \$25 per family (non-refundable).

For Direct Credit Payments:

Westpac Trust Main Branch: **03 0502**

Account No: **0489846 00**

Name of Account: **Wgtn. City Rudolf Steiner Kindergarten**

Narration: **WF – "first and last name of child"**

Signed: (Parent 1) _____ Date: _____

Signed: (Parent 2) _____ Date: _____

Please note the criteria for placing children into the Kindergarten are as follows in order of Priority:

1. Children of current teachers & trustees of the Kindergarten
2. Siblings of children that are attending or have attended this Kindergarten
3. Date Children placed on Kindergarten waiting list
4. Children transferring from another registered Rudolf Steiner Kindergarten, or Play Group
5. Age of Children

Kindergarten Use Only:

1. Application fee paid:
2. Computer database:
3. Confirmation letter sent:
4. Receipt Number: