

OurKidz NZ Ltd

Waiting List



Full Name and Date of Birth of Child/Children:					
School Child/Children Attend:					
Address:					
Name Parent 1					
Contact Details	Work: Home: Mobile:				
Name of Parent 2					
Contact Details	Work: Home: Mobile:				
Programme Required (circle):	Before School	After School	Holiday		
Days Required:	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>
Date expecting to commence:					
Email address:					
Signed:					
Date:					

We thank you for your enquiry and support. All requests will be reviewed at the earliest convenience and outcomes provided as soon as spaces become available.

OurKidz NZ OSCAR (Kaiapoi & Amberley)
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