



BETHLEHEM  
EARLY LEARNING CENTRES  
LIMITED

**FIRST CLASS EDUCATION AND CARE**  
**125 Moffat Road, Bethlehem, Tauranga**

**Application for Placement on Waiting List**

Parent's Names: .....

Child's Surname: .....

Child's First Name: .....

Male or Female: .....

Current Age: ..... Date of Birth: .....

Age on Enrolment: .....

Residential Address: Street: .....

Area: ..... Postal Code: .....

Postal Address: Box number: ..... Postal Code: .....

Contact Telephone: Home phone ..... Cellphone: .....

Date of Application: .....

Applying for (please tick) .....

0 – 24 months .....

2 – 3 years .....

3 – 5 years .....

Full time Care .....

Specific days (please state) .....

Specific hours (please state) .....

Sessional care .....

Specific days (please state) .....

Specific hours .....

Preferred start date: .....

**Please Note:** Your application for a place does not guarantee space availability. Your application will be processed as soon as possible. Please feel free to phone us if you are concerned over a delay or require and urgent response.