



Received.....

BOWEN EARLY CHILDHOOD EDUCATION CENTRE

WAITING LIST.

Child's name _____

Gender _____

Date of Birth _____

Parent Names _____

Address _____

Phone numbers: Home _____

Work _____

Mobile _____

E-Mail _____

Days Required _____

Start date required _____

Hours required _____

**Please note that filling out this form does not guarantee there will
be a place available for your child.**

Please return to: Bowen Early Childhood Education Centre

3/66 Albemarle rd

Wilton

Wellington

Or e-mail to: info@bowenece.org.nz