



BETHLEHEM  
EARLY LEARNING CENTRES  
LIMITED

**BETHLEHEM COLLEGE KINDERGARTEN**  
**Elder Lane, 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: ..... Email address: .....

Applying for (please tick) .....

**Sessional - Morning - 8.00am to 11.30am**

- 3 – 4 years** .....
- Specific days** (please state) ..... **Specific hours** (please state) .....

**Sessional - Afternoon - 11.45am to 4.00pm**

- 4 – 5 years** .....
- Specific days** (please state) ..... **Specific hours** (please state) .....

**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.