

# Motueka Rudolf Steiner Kindergarten

33 Wallace Street, PO Box 224, MOTUEKA 7143, NEW ZEALAND

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## Pre-enrolment and Waiting List Form

Please note: This is NOT an Enrolment Form. Your child is not enrolled. Providing this information to us does not guarantee a place at the kindergarten until you have had an interview with kindergarten staff. Please complete both sides of this form and sign.

Name of Child ..... Boy/Girl

Birth date of Child ..... Current age: .....years .....months

Name of Parents: Mother .....

Father .....

Name of siblings .....

Age of siblings .....

Address .....

.....

email.....

Contact telephone number ..... (home) .....(mobile)

*(please keep us informed if these change)*

Preferred start date for your child to attend kindergarten? .....

Term Dates	Term 1	Term 2	Term 3	Term 4
2016	2 Feb - 15 Apr	2 May - 8 July	25 July - 23 Sept	10 Oct - 16 Dec
2017	1 Feb - 15 Apr	1May - 7 July	24 July - 29 Sept	16 Oct - 19 <sup>th</sup> Dec

What appeals to you about Rudolf Steiner education?

*(continue over the page)*

Please tell us a little about your family. Are you living in Motueka, and if not, when you are planning to move to the area? Do you have any previous experience or knowledge of Steiner Education?

Do you anticipate continuing your child's Waldorf (Rudolf Steiner) Education with the Motueka Rudolf Steiner School?.....YES / NO / Unsure

Does your child (and/or family) have any special considerations (health, dietary)?

Who do you know, who might already be involved in this kindergarten or in the school? Do you have any association with a Rudolf Steiner playgroup?

Are both parents approving of this child attending the Motueka Rudolf Steiner Kindergarten? ..... YES / NO

Parent/Guardian signature ..... Date .....

Parent/Guardian signature ..... Date .....

*Office use only*

Date Received: .....

If not living locally, when is family planning to move? .....