



WAITING LIST FORM – 2020

Please place my child's name on the waiting list for;

- Term 1 Term 2 Term 3 Term 4

Program Preferred Day

- Playgroup Monday Tuesday
 Playclub Monday Thursday
 Kindy Tuesday Wednesday Friday

Child's Name: _____ Date of Birth: _____

Address: _____

Parent's Name: _____ Mobile: _____

Email: _____ Home Ph: _____

Please return this Form to the Yangebup Family Centre. You will be contacted if a place becomes available.

Yangebup Family Centre Inc.
Phone: (08) 9417 9995
Email: info@yangebupfamilycentre.org
11 Dunraven Drive, YANGEBUP
Postal: PO Box 3039, SUCCESS WA 6964

Office Use Only
Date: _____
Notes: