



# Yangebup Family Centre

## WAITING LIST FORM – 2022

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

- Term 1       Term 2       Term 3       Term 4

### Program Preferred Day

- Playgroup     Monday  
 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](mailto:info@yangebupfamilycentre.org)

11 Dunraven Drive, YANGEBUP

Postal: PO Box 3039, SUCCESS WA 6964

Office Use Only

Date: \_\_\_\_\_

Notes: