



**Yangebup
Family Centre**

WAITING LIST FORM – 2024

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 – Thursday

Pre-Kindy – Wednesday

Pre-Kindy – Tuesday and Friday

Child's Name: _____ Date of Birth: _____

Address: _____

Parent's Name: _____ Phone: _____

Email: _____

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, YANBUBUP

Postal: PO Box 3039, SUCCESS WA 6964

Office Use Only

Date: _____

Notes: