

Owner/Manager Pauline Roberts, P.O. Box 28 235, Remuera,

16 Sudeley Street, Orakei, Auckland, N Z

Ph: (09) 529 2518 mob: 027 4707099

Email: pauline@omp.school.nz www.omp.school.nz

REGISTRATION FORM

**Child’s Name**………………………………………………….……… **Child’s Birth Date**………………………....

**Mother’s Name**……………………………………… **Father’s Name**…………………….……………………….

**Mobile Phone**……………………………………… **Mobile Phone** …………..…………………………………

**Address** ……………….………………………………………………………………………………………………..………….

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**E-Mail address of main contact:**………………………………………………………………………………………..

My child currently attends/has attended………………………………………………….……………………..

Children can begin from 20 months or 2 years of age and continue until 6 years of age.

Preferred commencement date ……/……/……

Preferred mornings/days (minimum of 2 required if under 3 yrs and minimum of 3 required if over). Please circle days and if morning (M) or full day session (F) required.

Monday: (M) or (F) Tuesday: (M) or (F) Wednesday: (M) or (F)

Thursday: (M) or (F) Friday: (M) or (F)

**All children** will have their name kept on the waiting list and be offered a place when available upon receipt of this completed form and payment of the registration fee.

REGISTRATION FEE**:** $50(This is non-refundable fee). Payment by Bank deposit to: account# 02-0256-0079576-000

Please return this completed form to Pauline Roberts, you can scan and email back to [pauline@omp.school.nz](mailto:pauline@omp.school.nz)