



Application for After School Care

Thank you for your interest in our After School Care programme. Your application provides us with preliminary information. On receipt of this form we will make contact with you by telephone in order to make a time to meet with you and discuss your needs.

Family Name.....

Parent name(s).....

.....

Home Address.....

.....

.....

Home Phone.....

Business Phone.....

Mobile.....

Children requiring care

	Name	Age	Class
1.		
2.		
3.		

Signed:.....

Date:.....

This form can be returned to us by email to info@bluepoint.net.nz or post to P.O. Box 2383, Shortland St, Auckland.