

Lilliput Corner Waitlist Form

Parent's Name : _____

Mobile Number: _____

Email Address: _____

Child's Name: _____

Date Of Birth: _____

When do you need care by? _____

What days are you looking for? MON / TUES / WED / THU / FRI

Are you flexible with days of attendance? _____

Please Fill this form in and return Lilliput Corner via email. If you have booked a Tour with the centre please fill it in and give it to the Manager on the day. Thank you for taking an interest in Lilliput Corner.