

SOUTHOVER PRE-SCHOOL APPLICATION FORM

Name of child :

Child's Date of birth..... Birth Cert. checked: Y / N

Parent/Carer's Name

Parents D.O.B:

NI number:.....

Address:

Parents Email:

Tel. No:

I/We wish my/our child's name to be added to the waiting list and I/we enclose a cheque for £...30.... (Made payable to 'Southover Pre-school') in respect of the registration fee, which is non-refundable.

I/We understand that registration does not guarantee the offer of a place. We have read and understood all the policies and procedures.

Number of sessions required each week:

Type of session required: Mornings / Afternoons / Full Days or (Please circle)

Other Signed:

Date: