

E-mail

Today's date

**Signature of Parent/Carer** 

## **Application to Join West End Pre-School**

68 High Street, West End, SO30 3DU

Email: <u>admissions@westendpre-school.co.uk</u>
Charity no 1033708

I apply for my child to join West End Pre-School and I enclose a Non-Returnable



Admin Fee of £30.			
Please call 02380 466764 for website www.westendpre-so		•	or visit our pre-school
Child's First Name (s)			
Child's Surname			
Date of Birth			
Home address			
Postcode			
Home Language spoken			
Any special needs or Disabilities			
Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. You will be offered a place on the basis that you acknowledge you will read, understand and agree to our terms and conditions.			
	Parent/Carer (1)		Parent/Carer (2)
Parent/Carer (1) Name			
Relationship to Child			
Address If Different			
including Postcode			
Home Telephone Number			
Mobile Number			



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## **Session request** Child Name: Preferred start date: Number of Hours Required: Please tick all sessions your child is able to attend. The more flexibility you have the earlier a place may become available. If you have any preferences, please indicate these by putting a \* next to the tick. **MONDAY TUESDAY** WEDNESDAY **THURSDAY FRIDAY** 08:30-12:00 08:30-13:00 08:30-15:00 09:00-12:00 09:00-13:00 09:00-15:00 12:00-15:00 For office use only: Deposit paid: Date paid: Tear off the following part to return to the parent(s) A place will be available for (child's name) \* on \* or; we will notify you when a place becomes free. (date) Signed on behalf of the provider: Name: Job title:

\*Please delete whichever is not applicable.