

Application to Join West End Pre-School 68 High Street, West End, SO30 3DU Email: admissions.westendpreschool@gmail.com

Charity no 1033708



I apply for my child to join West End	Pre-School.			
Please call 02380 466764 for any que website https://westendpre-school.v	estions you may have or visit our pre-school vixsite.com/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		
E-mail		
Signature of Parent/Carer		
Today's date		



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Session request

Child Name:	 	
Preferred start date:	 -	
Number of Hours Required:	 -	
Funding Code if applicable	 -	
Please tick all sessions your ch become available. If you have	• •	

	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					