

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

68 High Street, West End, SO30 3DU Email: admissions.westendpreschool@gmail.com



**Charity no 1033708** 

Admin Fee of £30. Details of how to pay are overleaf.		
Please call 02380 466764 for any que website <u>www.westendpre-school.co.</u>	estions you may have or visit our pre-school uk	
Child's First Name (s)		
Child's Surname		
Date of Birth		
Home address		
Postcode		
Home Language spoken		
Any special needs or Disabilities		
• •	rm and offer of a place is subject to our terms and ffered 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		



Received:

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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 **Admin Fee** Please tick the box to indicate the payment method: Cash Enclosed Bank Transfer. □ Date of Transfer \_\_\_\_\_ Bank Account Details for Payment of Admin Fee Account Name: West End Pre-School. Account number: 00022031 Sort Code 40 52 40 Please record your child's name as the reference. For office use only: Admin Fee Date paid: