STURMINSTER MARSHALL PRE-SCHOOL

10.3 Application to join

_____ (name of provider)

Name of child _____ Date of birth _____

Name(s) and address(es) of parent(s) making the application:

Postcode   Tel.   Postcode   Tel.

I/We would like   to start attending at this setting

*as soon as possible; or from   (date)

We would like our child to attend on the following days/sessions:

*Monday am / pm; Tuesday am / pm;   Wednesday am / pm;   Thursday am / pm;   Friday am / pm

If we find that we no longer need the place, we will inform the setting as soon as possible.

Signature of parent(s)

Tear off the following part to return to the parent(s)

A place will be available for   (child's name)

* on   (date)   * or; we will notify you when a place becomes free.

Signed on behalf of the setting

Name   Job title

*Please delete whichever is not applicable.