

Registration Enquiry

Child’s Name……………………………………………………………………………………………………………………..

Parent’s name……………………………………………………………………………………………………………………

Address……………………………………………………………………………………………………………………………..

Contact number…………………………………………………………………………………………………………………

Email……………………………………………………………………………………………………………………………………..

Date of birth………………………………………………………………………………………………………………………

I am interested in a space for my child from

Spring/Summer/Autumn term (delete as applicable)

……………….………year

Any other information? Eg preferred days?

Mornings/afternoons/full days? 2 year old funding?

3/4 year old funding? 30 hours funding?

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I would like further information please call on the above number YES/NO

I would like to arrange a visit to the pre-school YES/NO