Puddleducks Pre-School

Initial Application Form

Date:

Year and term child is eligible to start: (i.e. term of child's second or third birthday)

Child's	Name:		Date of birth:						
Addres	SS:								
Postcode:									
Name/s of parents/Carers:									
1.									
Tel:	Home:	Mobile:		Work:					
Email:									
Address: (If different from above)									
2.									
Tel:	Home:	Mobile:		Work					
Email:	Email:								
Address: (If different from above)									
Additional Information									
child t	have any other information hat you would like us to be a make a note here or come a us about it.	aware of							
- 050									

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Session Request

Preferred start date	e:							
Please tick the sessi	ions you would li	ike your child t	to attend:					
Please note:								
We will only after 2 We reserve the righ	-	-	•	until they have	e settled.			
[Morning]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday			
[Lunch]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday			
[Afternoon]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday			
This application pla suitable place beco on our waiting list. otherwise it is non-	mes available. T This is refundabl	here is a £10 r	egistration fee re	equired to secu	ure a place			
Please note that co	mpletion of this	s form does no	ot guarantee a pl	ace for your c	hild.			
Once your child is o information and far required at this point	nily details are r	equired for ou	ır records. Your c	•				
If you find that you you decide you no I form (See our priva	onger need the	• • •		•				
Signed Parent/C	arer:		Date:					
For Office use only								
. or office asc only.	•							
Deposit Paid:		Date Paid:						