|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C:\Users\Sarah\Desktop\Blunsdon Pre-School\Image-logo1.jpg**  **10.3 Application to join** | | | | | | | | | | | | | | | | |
| Name of child | |  | | | | | | | | | Date of birth | | |  | | |
| Name(s) and address(es) of parent(s) making the application: | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | | | | |
| Tel: |  | | |  |  | | Tel: | | | | |  |  | | |  |
| I/We would like | | |  | | | | (Child’s Name) to start attending at this setting | | | | | | | | | |
| (delete as applicable) \*as soon as possible /or from | | | | | |  | | | | | | | | | (date) | |
| I/We would like our son/daughter to attend on the following days/sessions: | | | | | | | | | | | | | | | | |
| \*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Monday | Tuesday | Wednesday | Thursday | Friday | | Start |  |  |  |  |  | | Finish |  |  |  |  |  | | | | | | | | | | | | | | | | | |
| Does your child have any medical or special educational needs that may require extra support whist attending the setting? \*YES/NO  If Yes please specify  If we find that we no longer need the place, we will inform the setting as soon as possible. | | | | | | | | | | | | | | | | |
| Signature of parent(s)  Office Use only  Visit Date –  Start Date –  Confirmed Sessions - | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |

Email address: