|  |
| --- |
| **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/NOIf Yes please specifyIf we find that we no longer need the place, we will inform the setting as soon as possible. |
| Signature of parent(s)Office Use onlyVisit Date –Start Date – Confirmed Sessions -  |
|  |   |

Email address: