

Application to join Warbstow Pre-school

Name of child _____

Date of birth _____

Name(s) and address of parent(s) _____

Post code _____ Telephone _____

I/we would like _____ to start attending Warbstow
Pre-school,

*as soon as possible/

*from _____ (date)

*(*Please delete whichever is not applicable)*

Please tick which days you would like your child to attend:

Monday - 9am - 12pm ____ 12pm-3.30pm ____

Tuesday - 9am - 12pm ____ 12pm-3.30pm ____

Wednesday - 9am - 12pm ____ 12pm-3.30pm ____

Thursday - 9am - 12pm ____ 12pm-3.30pm ____

Friday - 9am - 12pm ____ 12pm-1.00pm ____

Learning Together (3yrs +) 1pm-2pm in Class 1 followed by Stay & Play 2pm-3.15pm ____

If you find that you no longer need the place, please inform the pre-school as soon as possible.

Signature of parent _____