



APPLICATION FORM

Child's full name.....

Date of birth..... Child's first language.....

Address.....

..... Postcode.....

Name of parent(s) or carer(s).....

.....

Telephone/mobile number(s).....

Main contact email.....

When you would prefer your child to start?.....

On which days you would prefer your child to attend?.....

.....

Does your child have any allergies e.g. nuts, dairy, wheat? Please give details:

.....

Please give details of previous or current attendance at other pre-school groups:

.....

Signature.....

Please print name..... Date.....

Please return your form to Freda Mitchell, Play Leader, at the address below: