



4.0 Organisation

4.2 Application to join Pattishall Pre-School Group

Name of child..... Date of birth.....

Name(s) and address(es) of parent(s) making the application:

| | | |
|----------|------|---------------|
| | | |
| Postcode | Tel. | Postcode Tel. |

I/We would liketo start attending at this setting

*as soon as possible; or from (date)

I/We would like our child to attend on the following days/sessions: (if running)

| | | | |
|-----------|----|------------|----|
| Monday | am | lunch club | |
| Tuesday | am | lunch club | pm |
| Wednesday | am | lunch club | |
| Thursday | am | lunch club | pm |
| Friday | am | lunch club | |

If I/We find that we no longer need the place, we will inform the setting as soon as possible.

Signature of parent(s)

| | | |
|--|--|--|
| | | |
|--|--|--|

Tear off the following part to return to parent(s)

A place will be available for(child's name)

*on.....(date) *or; we will notify you when a place becomes free.

Signed on behalf of the setting

Name Job title

*Please delete whichever is not applicable