Application to join

Springfields Pre-school Application Form Yarnfield, Stone, Staffs. ST15 0NJ 01785 337310

Personal details			
First name(s) of child:			
Surname of child:		Date of birth:	
Full address:			
		Postcode:	
Parent/carer name (1):			
Relationship to child:			
Full address (if different):			
		Postcode:	
Daytime/work tel:	Home:	Mobile:	
Parent/carer name (2):			
Relationship to child:			
Full address (if different):			
	Postcode:		
Daytime/work tel:	Home:	Mobile:	
E mail address:			

Session request						
Preferred start date:						
Please tick the sessions yo	ou would like you	r child to atten	d:			
Morning 9-12	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday	
Lunch 12 -12.30	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday	
Afternoon 12.30-3.30	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday	
This application places you does not guarantee a pla			se note that con	npletion of this	s form	
Once your child is offered a family details are required to copy made for our file.						
If you find that you no long decide you no longer need Privacy Notice).	•	•			•	
Signed parent/carer (1):			[Date:		
Signed parent/carer (2):			Date:			
Please be advised that the conditions provided to younderstood and agree to	ou. By signing tl	his documen				
For office use only:						
Date form received:						
Tear off the following part t	o return to the na	arent(s)				
Todi on the lonewing part t	o rotarri to tiro po					
A place will be available for	r			(chi	ld's name)	
* on	(dat	e) * or; we v	will notify you whe	en a place beco	mes free.	
Signed on behalf of the pro	vider:					
Name:		.loh titl	۵.			

^{*}Please delete whichever is not applicable.