

Application Form

Name of Child _____ Date of Birth _____

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

Name: Address: Postcode: Tel: Email:	Name: Address: Postcode: Tel: Email:
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I/We would like _____ to start attending Little Acorns Pre-school

- as soon as possible from age 2 ½ _____ (date/month/year)
- from _____ (date/month/year)

I/We would like my/our child to attend the following sessions:

Monday am	Tuesday am Tuesday pm	Wednesday am	Thursday am	Friday am
Lunch	Lunch	Lunch	Lunch	Lunch

If I/We no longer require a place I/we will inform the Pre-school as soon as possible.

A non-refundable registration fee of £15 is required on application to secure a place at Little Acorns Pre-school, this includes a free T-shirt.

Signature of Parent/carers

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

- (date) _____
- We will notify you when a place becomes available.
- Registration fee of £15 received with thanks.

Signed on behalf of Little Acorns Pre-school _____

Name _____ Position _____

- Please delete whichever is not applicable