



Application to Register for a place at Preschool

Child's Full Name _____

Date of Birth _____ Male / Female

Full address _____

 _____ Post Code _____

Daytime telephone _____

Mobile phone _____ Can we text you? Yes / No

Email address _____

Parent/ Carer's name(s) _____

Preferred start date _____

Do you have any plan for what sessions would you like to reserve for your child – you may increase or decrease these later depending on availability of places – this is just to give us a rough idea. Please tick.

	Monday	Tuesday	Wednesday	Thursday	Friday
9.00 – 12.00		Closed			
12.00 – 3.00		Closed	Closed	Introduction	

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.
 If you find that you no longer need the place, please inform us as soon as possible.

All the information you have supplied on this form will be held confidentially, available only to the Preschool staff and Ofsted/Social Services (should they wish to see it). Thank you very much.

We are registered under the Data Protection Act to hold this information.

Signed, Parent/Carer 1 _____

Signed, Parent/Carer 2 _____

Form completed by (please PRINT) _____

Please notify us if any of this information changes.

Please return this form to:

Heather Hattersley, Pickering Preschool Playgroup, Hallgarth, Pickering YO18 7AW
 or bring to the introduction session on Thursday afternoons.

*Subject to change by Government. Terms are specified by the Local Education Authority, and are:
 Autumn 1st September to 31st December, Spring 1st January to 31st March, Summer 1st April to 31st August.