

10.3 Application to join

The Sombornes Pre-School _____ (name of provider)

Name of child _____ Date of birth _____

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

Postcode _____ Tel. _____ Postcode _____ Tel. _____

I/We would like _____ to start attending at this setting

*as soon as possible; or from _____ (date)

We would like our child to attend on the following days/sessions:

*Tuesday am / pm ; Wednesday am ; Thursday am / pm; Friday am

If 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 the 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 provider _____

Name _____ Job title _____

*Please delete whichever is not applicable.