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| --- | --- |
| **Name of Child:** |  |
| Surname of Child: |  |
| Child’s Date of Birth: |  / / |
| Parent Carer’ Name: |  |
| Address and Postcode: |  |
| Telephone Numbers: |  |
| Email address:(Please Print) |  |
| Does your child have any Special Needs? If so, please state briefly what they are, or speak to Victoria Burke (Preschool Manager) in confidence on 07794113301.This is so that we can ensure we have strategies and resources in place to best help your child to settle. |
| Sessions required:(Please circle) | AM / PM / All dayMon Tues Wed Thurs Fri |
| Signature of Parent/Carer: |  |
| Date of Application: |  |

For use by “St.Chads Preschool only

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| --- | --- |
| Date Application received: |  |
| Additional Information: |  |