



APPLICATION FORM

Please complete a separate application form for each child that you wish to send to Kings Hill Pre-School.

We also suggest you apply to other Pre-schools, as this application does not guarantee you a place for your child.

Section 1 - Child's Name / Address / Parents

Child's name			Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child's date of birth					
Address					
Postcode		Email			
Mother's name			Daytime Tel		
Father's name			Mum Mobile Number		
Preferred start date	September	Year :			

Section 2 - Sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8.45am - 11.45am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12.45pm - 3.45pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the sessions you would like your child to attend, however these cannot be guaranteed.

Section 3 - Additional information

If there is any other information which you feel we should know, please write this here.

I understand that the information I provide will allow you to process this application. This information will be recorded and administered in accordance with the Data Protection Act.

Signed		Date	
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PLEASE COMPLETE AND RETURN YOUR COMPLETED APPLICATION TO THE PRE-SCHOOL

Kings Hill Pre-School, 70 Gibson Drive, Kings Hill, West Malling, Kent, ME19 4LG
 T 01732 840180 E info@kingshillpreschool.co.uk W <http://www.kingshillpreschool.co.uk>