



## APPLICATION FORM

Please complete a separate application form for each child.

We also suggest you apply to other Pre- Schools, as this application does not guarantee you a place.

Section 1 - Child's Name / Address / Parents			
Child's name			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's date of birth			
Main carer's name			
Address			
Daytime telephone		Mobile No.	
Email			
Preferred start year	Please note we only do September intakes, and child must be 2 years of age by 31 <sup>st</sup> August.      September Year :		

Section 2 - Additional information
If there is any other information which you feel we should know, Special needs, allergies etc.

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

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



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