

4.2 Application to join Barbara Rose Pre-School

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:

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

If we find that we no longer need the place, we will inform the setting as soon as possible.

Signature of parent(s)

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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 setting _____

Name _____ Job title _____

*Please delete whichever is not applicable.