Turnditch & District Pre-school Waiting List

CHILD DETAILS	<u> </u>						
First Names			_				
Surname			_				
Date of Birth		(in full)					
Gender: Male:	Female: (p	lease tick as appropri	ate)				
Child's Home La	anguage						
Name of Parent/	/Carer						
Parents Contact	details:						
Home telephone number		Work telephone number		Mobile Telephone number			
Email			_ (please write	Clearly)			
We will contact y	you on the above d	etails approx a half ter	m before your	child is due	to attend for a vis	it.	
What would be t	he best time to con	itact you?					
When would you	ı like your child/ren	to start attending pres	school?				
What Sessions \	would you like your	child to attend?					
Day	Please tick which sessions you wish your child to attend						
Tuesday	9am – 12pm	9am - 1pm	9am – 3 _l	ρm	12pm – 3pm		
Wednesday	9am – 12pm	9am - 1pm	9am – 3 _l	ρm	12pm – 3pm		
Thursday	9am – 12pm	9am – 1pm	9am – 3 _l	ρm	12pm – 3pm		
Friday	9am – 12pm	9am – 1pm	9am – 3 _l	ρm	12pm – 3pm		
_		nild will be attending ou					
		?					
		ospectus?					
-	-	gistration forms?					
•		ne off payment Paid					
work, and includ child's first invoice	es a 'Tiggers t-shir	til they start with us, it t when your child start be able to hold their p).	s with us. If un	paid the fee	will be added to y	our/	
Signed	Signed Date						

Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).