Whitegrove Community Centre 3 County Lane Warfield RG42 3JP



07917 422909

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## **Application to join Whitegrove Pre-School**

| Name of child       |                         |                        |                     | Boy/Girl                 |
|---------------------|-------------------------|------------------------|---------------------|--------------------------|
| Date of birth       |                         |                        |                     |                          |
| Name(s) and addres  | ss of parent(s) making  | the application        |                     |                          |
|                     |                         |                        |                     |                          |
|                     |                         |                        |                     |                          |
| Postcode            |                         | Telephone              |                     |                          |
| I/We would like     |                         | to start attendin      | g at this setting * | *as soon as possible; or |
| from                | (date)                  |                        |                     |                          |
| We would like our c | hild to attend on the f | ollowing days/sessions | if possible:        |                          |
| Monday am/pm        | Tuesday am /pm          | Wednesday am/pm        | Thursday am/pi      | m Friday am/pm           |
| Breakfast Club (8an | n till 9am)             |                        |                     |                          |
| Monday am           | Tuesday am              | Wednesday am           | Thursday am         | Friday am                |
| Extended Hours (3p  | om till 5pm)            |                        |                     |                          |
| Monday pm           | Tuesday pm              | Wednesday pm           | Thursday pm         | Friday pm                |
| Email address       |                         |                        |                     |                          |

| What is your child's home language?  |
|--|
| What is your child's religion?   |
| Does your child have any additional needs?   |
| Is your child involved with any other professionals?   |
| Does your child have any allergies?  |
| Is your child funded, 2 year funded/30 hour funded or paying   |
| Where did you hear about us?   |
| This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available.   |
| Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point.                                 |
| If we find that we no longer require the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form. (See our Privacy Notice).                    |
| Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document you acknowledge that you have read, understood and agree to these terms and conditions. |
| Signature of parent  |