

Crowmarsh Pre-School

REGISTRATION FORM



Please register this child at Crowmarsh Pre-School

Name of child:	Date of Birth:
Know as:	
Mother's name:	Address:
Father's name:	
Telephone:	e-mail:

Preferred Start Date: _____

Number of hours per week _____ (minimum of 2 x 3 hour sessions over 2 days)

	MON	TUE	WED	THUR	FRI
Early start (8.45-9am)					
Morning session (9-12pm)					
Lunch club (12-1pm)					
Afternoon session (12-3pm)					

So that we can best match your needs please indicate your preferred choice of sessions above and enter NA for any session which your child is unable to attend (e.g. because attending elsewhere). If no spaces are available, you will be placed on our waiting list for the next available term.

Please state if your child attends any other setting.....

Please note:

- We would ask that you please add a covering letter with your application if your child is cared for and/or has a disability/special needs.
- You must inform Crowmarsh Pre-School as soon as possible if you no longer require this place. Failure to do so may incur Fee charges.
- Please include a Registration Fee of £20.00. This is a non-refundable deposit to pay for the administration involved in the admissions process. Cheques can be made payable to **Crowmarsh Pre-School**.

Signatures of Parents:

Mother _____ Father _____

WHERE DID YOU HEAR ABOUT CROWMARSH PRE-SCHOOL?
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Return to: Crowmarsh Pre-School, Old Reading Road, Crowmarsh Gifford, OX10 8EN
Telephone: 07951 599 623 email: Admin@crowmarshpre-school.org.uk

For office use only: Date received..... Criteria matched.....