

Crowmarsh Pre-School

REGISTRATION FORM



Name of child: Know as:	Date of Birth:
Mother's name: Father's name:	Address:
Telephone:	e-mail:
Preferred Start Date:	Number of hours per week: (minimum of 2 x 3 hour sessions over 2 days)
Please state if your child attends any other setting	Please state if any sibling attends Crowmarsh School

Please indicate your preferred choice of sessions below and enter N/A for any sessions which your child is unable to attend (e.g. because attending elsewhere).

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

Please note: 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 (non-refundable to pay for the administration of the admissions process). Via online transfer, Cheques made payable to Crowmarsh Pre-School.

Crowmarsh Pre-School Sort Code 20-01-09 Account Number 60295140

Signatures of Parents: _____ Mother

_____ Father

Please add a covering letter with your application if your child is cared for/has a disability/special needs.

Return to: Crowmarsh Pre-school, Old Reading Road, Crowmarsh, Oxon OX10 8EN

Web address: crowmarshpre-school.org.uk

email: Admin@crowmarshpre-school.org.uk

Telephone: 01491 526118

For office use only: Date received..... Fee Paid.....