

Application to join

Shenley Lodge Pre-School

Name of child		-	Male/Female
Date of Birth			
Name(s) and address(es) of parent(s) making the application:			
Postcode	Tel.	Postcode	Tel.
E-Mail Address -			
I/We would like		to start attending at	this setting
*as soon as possi	ble; 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			
We would like a home visit YES/ NO			
£30 registration fee must be paid when returning this form and is none refundable			
If we find that we no longer need the place, we will inform the setting as soon as possible on 01908 559199.			
Signature of parer	nt	Date	e

^{*-} this is your preference and not what you may get.