



GREAT MISSENDEN PRE-SCHOOL APPLICATION FORM

Please complete and return to School Office

CHILD'S NAME:

DOB:

Name/s of Parent/s or Guardian/s:

...../.....

Contact address:

Postcode.....Email address:

Telephone numbers: MobileHome.....

Preferred start date for the Pre- School

(Applicable term **AFTER** child's 3rd Birthday)

*Please consider that if your child commences in the Spring/Summer terms, places will be subject to availability, but you will get the opportunity to select further choices the following September.

- Autumn (September)**
- *Spring (January)**
- *Summer (April)** **Year:**

Please consider what hours would best suit you and annotate below
Indicating your preferences with **F (for funded sessions)** and **P (for paid sessions)**
(You are entitled to 5 funded sessions, but may choose to use these at another setting)

	Morning sessions 8.45 - 11.45	Afternoon sessions 12.15 - 3.15	Early Morning Club 8.00 – 8.45am	After School Club 3.15 – 6pm
MONDAY				
TUESDAY				

WEDNESDAY				
THURSDAY				
FRIDAY				

Please note: Minimum of 2 and Maximum of 10 sessions (5 days – 30 hours) offered per week in total.

Office use only: **Date application received:**

Updated Sept. 16