



Old Newton Under Fives Preschool

www.oldnewtonunderfivespreschool.co.uk

Registered Charity Number 1010048

A Member of the Pre-school Learning Alliance Number 110989

Preschool: 07871858183 Email: oldnewtonunderfives@outlook.com

Application to join

Old Newton Under Fives' Application Form

Personal details

First name(s) of child:

Surname of child:

Date of birth:

Full address:

Postcode:

Parent/carer name (1):

Relationship to child:

Full address (if
different):

Postcode:

Daytime/work tel:

Home:

Mobile:

Parent/carer name (2):

Relationship to child:

Full address (if
different):

Postcode:

Daytime/work tel:

Home:

Mobile:

Session request

Preferred start date: _____

Please tick the sessions you would like your child to attend:

	9:00am-12:00pm	12:00pm-12:30pm	12:00pm-3:00pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

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 with a copy made for our file.

If you find that you no longer need 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).

Signed parent/carer

Date: _____

(1): _____

Signed parent/carer

Date: _____

(2): _____

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.

"Our setting is committed to safeguarding and promoting the welfare of children, young people and adults at all times and expects everybody within this setting to share this commitment."

For office use only:

Deposit paid: _____

Date paid: _____

Tear off the following part to return to the parent(s)

A place will be available _____

(child's

for _____

name)

* on _____

(date) * or; we will notify you when a place
becomes free.

Signed on behalf of the

provider: _____

Name: _____

Job

title: _____

*Please delete whichever is not applicable.