

Battisford Preschool

Application To Join



Battisford Preschool, Straight Road, Battisford, Stowmarket, Suffolk IP142HP

Tel : 07914 837802

Email – jorainbird1@gmail.com

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:

Early Bird Session

(9- 9.30am) Monday Tuesday Wednesday Thursday Friday

Morning (9.30 – 12.30) Monday Tuesday Wednesday Thursday Friday

Lunch (12.30-1.30) Monday Wednesday Thursday

Afternoon (12.30 – 3.30) Monday Wednesday Thursday

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 (1): _____ Date: _____

Signed parent/carer (2): _____ Date: _____

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.

A place will be available for _____ (child's 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.