**Application to join Holme Village Pre-school**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **Morning** |  | **Afternoon** |   |
| **Monday** | 9:00am-12:00pm |   | 12:00pm-3:00pm |   |
| **Tuesday** | 9:00am-12:00pm |   | 12:00pm-3:00pm |   |
| **Wednesday** | 9:00am-12:00pm |   | 12:00pm-3:00pm |   |
| **Thursday** | 9:00am-12:00pm |   | 12:00pm-3.00pm |  |
| **Friday** | Closed |   | Closed |   |
|

Name of child……………………………………………………….…….…Date of birth…………..…………

Name(s) and address of parent or guardian……………………………………………………………

…………………………………………………………………………………………………………………..………………

………………………………………………………………………....Postcode………………………….…..........

Home Telephone……………………….………………….Mobile……………...............................

Email……………………………………………………………………………………………………...................

I/We would like to start Pre-school;

\*as soon as possible.......................... \*from (date) …………………………………….

**I/We would like our child to attend the following sessions (please tick):**

Whilst sessions run at the times shown, we are able to offer parents using grants the flexibility to adjust their start and finish times to suit them. You are able to specify a start time between 9 and 10 for morning sessions and a finish time between 2 and 3 for afternoon sessions. Adjustments can be made on a termly basis and should be booked in advance with our administrator. A minimum of two sessions per week is advised to enable your child to benefit fully from our settling in procedure.

If we find that we no longer need the place, we will inform the pre-school as soon as possible.

Signature of parent/guardian…………...................................Date………......

**Please return your completed form to Holme Pre-school**

**with a non-refundable £20.00 Registration Fee to cover administration.**

**How did you hear about us? (Please tick)**

**O Leaflet O Word of mouth O Facebook O Article in local magazine**

**O Other .......................................................**