



10.3 Application to join

Bollington Preschool Application Form

Water Street, Bollington, Cheshire, SK10 5PB

Tel 01625 400128 Email info@bollingtonpreschool.org.uk

Charity Number 1022029

Ofsted Registration Number EY452060

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:

Breakfast 8am-9am Monday Tuesday Wednesday Thursday Friday

Morning 9 am-12noon Monday Tuesday Wednesday Thursday Friday

Afternoon 12noon-3pm Monday Tuesday Wednesday Thursday Friday

Late afternoon 3pm-5pm Monday Tuesday Wednesday Thursday Friday

On receipt of this form we will then contact you to confirm your booking.

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 which are contained within the parent handbook. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.

For office use only:

Deposit paid: N/A Date paid: _____

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

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.