

Holyport Pre School Application Form [Please complete all sections]

	Document Version 1.01
Full Name Of Child	
Date Of Birth	
Address [Please Include Post Code]	
Contact Phone Number	
Email Address	
Has Your Child Been Innoculated	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Of Application	
Preferred Times Of Attendance :- Mornings	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Afternoons	<input type="checkbox"/> Wednesday <input type="checkbox"/> Friday
Signed [Please print your name as well]	

Please note that we are unable to guarantee any specific day[s] however we will always do our best to accommodate your requests as best we can. We suggest that all children start with either 2 or 3 sessions per week and build up more sessions as they become older and get used to the routines of pre school.

Please complete the application form and either return it in person or by post to ;
Holyport Pre School
The Dhesna Childerhouse Youth Centre
Moneyrow Green
Holyport
Maidenhead
Berkshire
SL6 2NA

Thank you for your application to Holyport Pre School!