Holmes Chapel community pre-school

play, learn, grow

ENROLMENT FORM.

CHILD'S FULL NAME (please print) _____

SEX _____ DATE OF BIRTH_____

PARENT/GUARDIAN'S NAME_____

ADDRESS_____

POSTCODE_____ TELEPHONE NUMBER_____

E-MAIL ADDRESS_____

Please tick the sessions you would prefer ESTIMATED START DATE _____

	Mon	Tues	Wed	Thurs	Fri
9-12					
9-1 Includes lunch club					
12-3 Includes lunch club					

We currently charge an hourly fee of £7.00 per hour.

Your child is eligible for 15 Free Early Education Entitlement (FEEE) hours per week from the term after their third birthday.

Does your child attend any other nursery or pre-school? Yes / No

If so, how many hours per week do they attend? _____

Does your child have any special needs? (Health or medical /special educational needs/involvement with social services? This information is treated as confidential)

_____

Please indicate any professionals involved and any other information that is relevant.

_____

How did you find out about our Pre-School? (This helps when advertising)_____

SIGNED _____ DATE _____

Please complete and return this form to our Administrator:
Mrs Dawn Caine-Bryant, 13A Westmorland Terrace, Holmes Chapel CW4 7EE,
Telephone: 07808 723811

_____

N.B. This section is for Office use only

Date received: _____ Prospectus issued: _____ Pre-School visit: _____

Reaches 2: _____ Start date: _____ P/T: _____

Welcome pack sent: _____ Invoice sent: _____ Documents returned: _____