



Registered Charity Number : 1020275

Application To Join Birch Hill Pre-School Waiting List

Name Of Child

First Name Initial Surname

Date Of Birth

____/____/____



Boy



Girl

Name & Address Of Parent / Carer(s) / Legal Guardian

Name

Address

Town

County

Post Code

Contact Telephone(s)

Daytime

Evening

Mobile

Please sign and return this form, with the £ _____ application fee.

I / We agree that if I / We no longer need a Pre-School place that I / We will notify the Birch Hill Pre-School as soon as possible.

I / We will also notify you of any changes to address and contact telephone

Parent(s) / Carer(s) / Guardian(s) please print and sign Below

Print

Sign

Date

Print

Sign

Date

How Did You Hear About Us? _____