

10.3 Application to Join

Name of Child			Date of Birth		
Parent(s)/Guardian(s) name(s)					
Address					
Telephone Number			Mobile Number		
Email Address					
Start Date Required					
Sessions Required (please tick):					
	Mon	Tues	Wed	Thurs	Fri
9.15-12.15					
Lunch 12.15-1.00					
1.00-3.00		No session		No session	No session
Please add my child's name to your waiting list. I understand that completion of this form does not guarantee a place for my child in the Pre-School and that I will be notified as soon as a suitable place has become available. I enclose a non-refundable cheque of £50 to cover administration costs, made payable to Wendens Ambo Pre-School.					
Signed			Date		
Please return to Clare Green Manager Wendens Ambo Pre-School Royston Road Wendens Ambo CB11 4JX					