

BLACKMORE COMMUNITY PRESCHOOL WAITING LIST APPLICATION

CHILD'S DETAILS

First Name:	Surname:
Known As:	Date of Birth:
Address:	Home Telephone No:
Post Code:	First (Home) Language:
Sex: Male / Female	Religion:
Ethnic Origin:	
Does your child have any health issues, special needs or disability? Yes / No (If yes, please give details including any support your child will need in preschool)	
Please give any other relevant information which you feel the preschool should know about your child at this stage	

PARENT / GUARDIAN DETAILS:

First Name:	Surname:
Address: (if different from above)	Home Telephone No: (if different from above)
Post Code:	Mobile No(s):
Email address:	Work No:

ATTENDANCE REQUIREMENTS

What date would you like your child to start:					
Please tick the sessions preferred					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9.15-12.15 (AM)					
12.15-3.15 (PM)			CLOSED		CLOSED

ANY INFORMATION GIVEN ON THIS FORM IS CONFIDENTIAL AND IS FOR THE USE OF THE PRESCHOOL ONLY AND WILL NOT BE SHARED WITH THIRD PARTIES

Name of the person completing the form:

Relationship to child:

Date:

Please return this form to:

Email: corinne@blackmorepreschool.co.uk

Or post/drop in to: The Manager, Blackmore Community Preschool, Village Hall, Nine Ashes Road, Blackmore, Essex CM4 0QW

FOR PRESCHOOL USE ONLY: Form received (date)