

# Preschool Enquiry Form

## Child Information

**Child's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Gender:**  Male  Female  Prefer not to say  Other

**Home Address:**

---

**Post Code:**

---

**Preferred Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



*Please tick the sessions you would like your child to attend*

*Funded hours can only be used between 9-3, any extra would be charged £8.50 an hour.*

Session	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b> (9:00am–12:00pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Short Day</b> (9:00am–3:00pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>School Day</b> (8:30am–3:30pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Long Day</b> (8:00am–4:30pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Full Day</b> (8:00am–5:30pm)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Parent/Guardian

**Full Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Occupation (Optional):** \_\_\_\_\_

