



# Sonning Common Pre-school

## Application Form

Dear Parent,

Thank you for your interest in Sonning Common Pre-School. If you would like to apply for a place for your child at the Pre-School, please complete the following:

Child's Name.....

Date of Birth.....

Parents/Guardians names.....

Child's Home Address .....

Telephone no..... mobile number.....

email address: .....

Preferred sessions

|           | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning   |        |         |           |          |        |
| Afternoon |        |         |           |          |        |

Can these be flexible **YES/NO\*** (\*please delete as appropriate)

When would you like your child to start .....

Does your child attend another setting? **YES/NO\*** (\*please delete as appropriate)

Does your child have any siblings who attend Sonning Common Primary school **YES/NO\*** (\*please delete as appropriate)

I enclose the application fee of £25.00\* (cheques payable to Sonning Common Pre-School), which I understand is non-refundable. I also understand that the Pre-School cannot guarantee that a place will be available for my child.

Signature..... Date.....



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Please return this form and your fee to the Pre-School. Upon receipt of your form and application fee, the registrar will place your child's name on our waiting list. You will be contacted the term before your child is due to start to confirm availability of sessions and to arrange a visit. If you would like to visit the Pre-School any time before this, or you have any further queries, please contact the administrator/registrar or manager at Pre-School

\* If you are receiving support/or claiming for 2 year funding please see either the administrator/registrar or the Manager.



# Sonning Common Pre-school

If paying by bank transfer our details are as follows:

**Account Name: Sonning Common Pre-school**

**Account Number: 00029276**

**Sort Code: 40-52-40**