



WEST DEAN
PRE-SCHOOL

ENROLMENT FORM

CHILD'S NAME	
DATE OF BIRTH	
PARENTS	
HOME ADDRESS & POSTCODE	
TELEPHONE	
MOBILE	
EMAIL	

PLEASE CIRCLE THE SESSIONS YOU WOULD LIKE YOUR CHILD TO ATTEND:

MONDAY	09.05-12.05	12.05-1.00PM
TUESDAY	09.05-12.05	12.05-1.00PM
WEDNESDAY	09.05-12.05	12.05-1.00PM
THURSDAY	09.05-12.05	12.05-1.00PM
FRIDAY	09.05-12.05	12.05-1.00PM

PREFERRED MONTH/YEAR FOR ENROLMENT:



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DOES YOUR CHILD ATTEND ANY OTHER SETTING? IF YES, PLEASE GIVE DETAILS.

PLEASE GIVE DETAILS OF ANY SIBLINGS, INCLUDING AGE AND SCHOOL(S) ATTENDING.

WOULD YOU LIKE TO BE CONTACTED WHEN BREAKFAST CLUB BECOMES AVAILABLE (08.05AM-09.05AM)? YES/NO

WOULD YOU LIKE TO BE CONTACTED WHEN AFTERNOON SESSIONS BECOME AVAILABLE (1.00PM-2.30PM)? YES/NO

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS, MEDICAL NEEDS OR FUNDING REQUIREMENTS? IF YES, PLEASE ATTACH DETAILS ON A SEPARATE SHEET. YES/NO

DOES YOUR CHILD HAVE ANY ALLERGIES?

A £20.00 FEE IS PAYABLE FOR PROCESSING THIS ENROLMENT REQUEST. PLEASE MAKE PAYMENT WHEN YOU SUBMIT THIS FORM. YOU CAN PAY BY CHEQUE (TO WEST DEAN PRE-SCHOOL), CASH OR BANK TRANSFER, SORT CODE: 20-20-62 AC. NO: 93557723



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