Carnation Hall
Chavey Down Road
Winkfield
Berkshire
RG42 7PA



07917 422909

katesillett@btinternet.com

Application to join Chavey Down Pre-school

Name of child				Boy/Girl
Date of birth				
Name(s) and addre	ess of parent(s) making	the application		
Postcode		. Telephone		
I/We would like		to start attendir	ng at this setting *as s	soon as possible; o
from	(date)			
We would like our	child to attend on the	following days/sessions	if possible:	
Monday am/pm	Tuesday am/pm	Wednesday am/pm	Thursday am/pm	Friday am/pm
Breakfast Club (8.3	30am till 9am)			
Monday am	Tuesday am	Wednesday am	Thursday am	Friday am
Email address				
What is your child's	s home language?			

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What is your child's religion?		
Does your child have any additional needs?		
Is your child involved with any other professionals?	÷ * 7	
Does your child have any allergies?	Ofste	
Is your child funded, 2 year funded/30 hour funded or paying?		
Where did you hear about us?		
This application places your child on our waiting list. We will contact you as soon as a suitable becomes available.	place	
Once your child is offered a place and you accept it, on admission further personal information details are required for our records. Your child's birth certificate is required at this point.	n and family	
If we find that we no longer require the place, please inform us as soon as possible. Should yo no longer need the place we will not retain the details on this application form. (See our Privac	•	
Please be advised that this application form and offer of a place is subject to our terms and co provided to you. By signing this document you acknowledge that you have read, understood a these terms and conditions.		
Signature of parent		

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