



## 10.3 Application To Join

### Little Squirts Pre School Application Form

The Old School Flitwick, Dunstable Road, Flitwick, Beds MK45 1HU

Tel: Office 07734 044 318, Pre School 07580 387 156

Email: enquiries@littlesquirtspreschool.com or vlcrehan@gmail.com

Company Registration Number: 09178041

#### Personal details

First name(s) of child: \_\_\_\_\_

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Full address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Parent/Carer name (1): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime/Work tel: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/carer name (2): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime/Work tel: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address \_\_\_\_\_



## Session Request

Preferred start date: \_\_\_\_\_

*Please tick*

Full Time – 51 Weeks per year

Term Time – 38 Weeks per year

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

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b> 8am or 9am – 1pm	.....	.....	.....	.....	.....
<b>Afternoon</b> 1am – 6pm	.....	.....	.....	.....	.....
<b>Full day</b> 8am – 6pm	.....	.....	.....	.....	.....
or 9am – 3pm	.....	.....	.....	.....	.....
<b>Breakfast Club</b> 7am – 8am <i>Breakfast included</i>	.....	.....	.....	.....	.....
<b>Breakfast</b> 8am – 8.30am <i>extra charge</i>	.....	.....	.....	.....	.....

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child.**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place please inform us as soon as possible.

Signed parent/carer (1): \_\_\_\_\_ Date: \_\_\_\_\_

Signed parent/carer (2): \_\_\_\_\_ Date: \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document you acknowledge that you have read, understood and agree to these terms and conditions.**

---