**Application to join Mosterton Pre-School**

|  |  |
| --- | --- |
| Name of child |  |
| Childs Date of Birth |  |
| **Name and address of Parent(s) making the application** |
| MOTHERS NAME: | FATHERS NAME: |
| **Telephone number** |
| HOME: | HOME: |
| MOBILE: | MOBILE: |
| **Email address** |
|  |  |

My child is eligible for the 2 year old funding **YES/NO**

I/ we would like …………………………………….to start attending Mosterton Pre-School.

from ……………………………………………(Date) I understand that there may be a waiting list and the sessions may or may not be available.

We would like our child to attend on the following days.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Am session 8.45-11,45 |  |  |  |  |  |
| Pm session 12.15-3.15 |  |  |  |  |  |
| All day8.45-3.15 |  |  |  |  |  |

I am flexible on the sessions required. Yes No

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please not 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

If you find that you no longer need the place, please inform us as soon as possible. Should you no longer need the place we will not retain the details on this application form. (see our Privacy Notice)

**Please be advised that this application form and offer of a placement 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.**

|  |  |
| --- | --- |
| Signature: | Date : |
| Signature: | Date: |

Please send completed forms to:

Mosterton Pre-School, Fairoak Way, Mosterton, Beaminster, Dorset, DT8 3JQ

Please see attached our Admission Policy and Privacy Notice

Reviewed June 2018