

Starlings Preschool - Application to Join

Starlings Preschools Application Form Haydn Road, Brighton Hill, Basingstoke , RG22 4DH

Telephone: 01256 478626, Mobile: 07740 715078

Registered Charity number: 1039597

Personal Details

First name(s) of child				
Surname of child				
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:			
Doytime/work tel	Home	Mahila		

Session request					
Preferred start tim	ne				
Please tick the sess	ions you woul	ld like your chil	d to attend:		
Session	Monday	Tuesday	Wednesday	Thursday	Friday
9am -12 midday					
12 midday – 3pm					
9am – 3pm					
The application platecomes available. your child. Once your child is of family details are rewith a copy made for the following that you decide you no long privacy notice)	Please note offered a place equired for our or our file.	that completion e and you accep ar records. Your ed the place, ple	of this form do to it, on admission child's birth certi	further personations ficate is require	tee a place for al information and ad at this point a. Should you
Signed parent/carer			Date:		
Signed parent/carer			Date:		
Please be advised to conditions provide understood and ag	ed to you. By	signing this do	ocument, you ack		
For office use only	:				
Deposit paid			Date paid _		
Tear off the followi	ng part to ret	turn to the pare	nt(s)		
A place will be avai	ilable for				(child's
On			(date).		
Signed by the Man	ager				