



10.3 Application to join

Perranporth Pre-school's Application Form

Liskey Hill

Perranporth

Cornwall, TR6 0EU

Tel: 01872 573205

email: perranporthpreschool@outlook.com

Website: www.perranporthpreschool.co.uk

Charity Number 1025951

This Form must be completed in full.

Personal details

First name(s) of child: _____

Surname of child: _____ Date of birth: _____

Full address: _____

_____ Postcode: _____

Parents/carers name: _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Email: _____

Session request

Preferred start date: _____

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

Breakfast Club
8am-8:45am Monday Tuesday Wednesday Thursday Friday

Morning session
8:45am-11:45am Monday Tuesday Wednesday Thursday Friday

Afternoon session
12pm-3pm Monday Tuesday Wednesday Thursday Friday

After Pre-School Club
3pm-4pm Monday Tuesday Wednesday Thursday Friday

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.

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

Signed parent/carers: _____ Date: _____

Please be advised that this application form and offer of a place is subject to our Admissions Policy and terms and conditions available on our website. By signing this document, you acknowledge that you have read both, understood and agree to them.
