

Application to join



Name of child _____ Date of birth _____

Name(s) and address(es) of parent(s) making the application:

Postcode _____ Tel. _____ Postcode _____ Tel. _____

Email : _____

We would like our child to attend on the following days/sessions:

Monday am ; Tuesday am ; Wednesday am ; Thursday am ; Friday am

If we find that we no longer need the place, we will inform the setting as soon as possible.

Signature of parent(s)

Please return the completed form to:
The Manager, Ruskin Road Pre-School
Carshalton Methodist Church, Ruskin Road, Carshalton, SM5 3DE