



Application to join

Name of child _____ Date of birth _____

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

Tel. _____

Tel. _____

Email _____

Email _____

I/We would like _____ to start attending at Little Jays Pre-school

From _____ (date) _____

We would like our child to attend on the following days/sessions (please tick):

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session 9.00 am – 12.00 pm					
Afternoon Session 12.00 pm – 3.00 pm					
Lunch Club 12.00 pm – 12.45 pm					

If we find that we no longer need the place, we will inform Little Jays Pre-school as soon as possible.

Signature of parent(s)

For office use only:

Registration Fee amount paid: _____ Date paid: _____

Tear off the following part to return to the parent(s)

A place will be available for _____

* on _____ * or; we will notify you when a place becomes free.

Signed on behalf of the provider _____

Name _____ Job title _____