



## 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
Early Morning 8.30 am – 9.00 am					
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 \_\_\_\_\_