

LITTLE WILLOWS PRE-SCHOOL
APPLICATION FORM

Child's Surname: _____

First Name(s): _____

Address: _____

Post Code: _____ Tel No: _____

Email Address: _____

Date of Birth: _____ Male/Female: _____

Nationality: _____ Religion: _____

Does your child have special needs and/or disabilities? YES/NO

If yes, please give details: _____

Name of Parent(s): _____

Tel No: _____ Mobile Tel No: _____

Date of Commencement: _____

Sessions Required:

	Breakfast Club	Morning Session	Lunch Club	Afternoon Session	After School Club (Short Tea)	After School Club (Extended Tea)
	8.00 am - 8.30 am	8.30 am -11.30 am	11.30 am -12.30 pm	12.30 pm -3.30 pm	3.30 p.m. - 4.30 p.m.	4.30 pm -5.30* pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

(*After School Club is not available on Fridays)

Current Nursery/Pre-School? _____

Date of Application: _____

Where did you hear about Little Willows Pre-School?

Personal Recommendation ; Children's Information Service (Warks CC) ; Phone Book ;

Other (please state) _____