Brough Eagles Playschool

Application to Join Brough Eagles Playschool

(Mob: 07841840688)

Name of child: Date of Birth:

Name(s) and Address (s) of Parent(s) making application:

|  |  |  |
| --- | --- | --- |
| Postcode: Tel: |  | Postcode: Tel: |

I/We would like to start attending

Brough Eagles Playschool \*as soon as possible or from (date)\_\_\_\_\_\_\_\_

I/We would like my/our child to attend the following sessions:

\*Monday am/pm \*Tuesday am/pm \*Wednesday am/pm \*Thursday am/pm \*Friday am/pm

 Lunch Lunch Lunch Lunch Lunch

Wraparound Morning 7.30-9am Monday, Tuesday, Wednesday, Thursday and Friday

Wraparound Afternoon 3.00 -5.55 pm Monday, Tuesday, Wednesday, Thursday and Friday

An option for your child to stay for Lunch either at the end of the morning session or at the start of the afternoon session. A nutritional packed lunch is to be provided by yourselves.

If I find that I no longer need the place I will inform the Playschool as soon as possible.

Date:

Signature(s) of parent(s):

Date:

For office use only:

A place will be available for:

To start term commencing:

(

Date

)

Date of trial session:

(

Date

)

Registration completed

(

Date

)

Key Worker:

\*Please delete whichever does not apply. Application Form: Revised July 2024