

## APPLICATION TO JOIN TAVISTOCK PRE-SCHOOL

Child's Full Name:	ild's Full Name: Date of Birth:		
Child's Nationality:			
Are you in receipt of any funding? (e.g. 2-year-old fu etc)	nding, child tax credits	Yes 🖵	No 🖵
If unsure, please speak to the pre-school manager.			
Are you entitled to 30 hour funding?		Yes 🖵	No 🖵
If unsure, please speak to the pre-school manager.			
Academic year I wish my child to start pre-school:	September 2	0	
PARENT/CARER:			
Mr/Mrs/Ms/Miss:			
Address:			
	Postcode:		
Telephone 1: Tele	ephone 2:		
Email:			
I understand that completion of this application form of School. This completed application form will be added against our Admissions Policy. I will be contacted during wish my child to attend Tavistock Pre-School and the stand SIGNED PARENT/CARER:	d to our Admissions list whi ing the Spring term before t	ch will be a the academ	issessed ic year l
Name (PRINT):	Signature:		
Date:	_		

Tavistock Pre-School, Broadacres, Fleet GU51 4EU

Registered Charity Number: 1050163

Phone: 01252 616902

Email: manager@tavistockpreschool.co.uk

www.tavistockpreschool.co.uk







## **APPLICATION TO JOIN TAVISTOCK PRE-SCHOOL**

Child's Full Name:
Known Allergies:
Do you have any concerns with your child's development?
Do you have any other professionals involved with your child?
What are your preferred days/session times?

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"PLAYING TO LEARN"
8:45am – 3:15pm (includes lunch) - 8:45am – 11:45am - 8:45am – 12:45pm (includes lunch)
- 12:45pm – 3:15pm \* HCC School provided dinners are currently priced at £3.20 per meal (subject to change), or you have the option to bring in a packed lunch from home.

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