

ASHENGROUND COMMUNITY PRESCHOOL



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Southdown Close
Haywards Heath
West Sussex
RH16 4JR

Application Form

Child's Full Name: _____ Gender: Male/Female

Date of birth: _____ Age in months: _____

Child's Home Address: _____

_____ Postcode _____

Religion: _____ Ethnic origin: _____

Language spoken at home _____ Funding: Y/N 2yr hours _____ 3yr hours _____

Parent/Carer (1)

Name: Mr/Mrs/Miss/Ms _____

Home number: _____ Mobile number: _____

Email Address: _____

Relationship to the child: _____

Allergies/Medical conditions or other concerns: _____

Number of sessions required _____ Sessions required from: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
AM	AM	AM	AM	AM
PM			PM	PM

To register your child at the preschool a **fee of £20** is required to secure a booking.

I have read and understand the Ashenground Preschool Terms & Conditions and agree to be bound by them.

Print Name: _____ Signature: _____

Today's Date: _____ Fee of £20 received: _____ YES _____ NO _____