

MUCH HADHAM PRE-SCHOOL



Application Form

Child's Name: _____

Child's Date of Birth: ___/___/_____ Entry age: approx. 2 years 6 months

Child's NHS Number: _____

Child's Address: _____

Parent's Name: _____

Parent's Address: (if different from above) _____

Contact telephone number: _____

Contact email address: _____

Please tick preferred sessions: (minimum two sessions recommended)

	Monday	Tuesday	Wednesday	Thursday	Friday
Am 9-12					
Pm 12-3					

Once your child turns three, he/she will be able to attend afternoon sessions.

Parent/guardian signature: _____ Date: _____

If you find that you no longer need a place, please inform MHPS as soon as possible.

Once enrolled we require a minimum of half terms notice to reduce your sessions

Please return to: Much Hadham Pre-School, Oudle Lane, Much Hadham, Herts. SG10 6DQ

Office use only

Date received;

Confirmation email sent on:

Office use only

2 years 6 months on:

Start date;

Funding from;