

# Waiting List Application

**Waiting List Application** to join Tillingham Pre-school

Parent/Carers Name/s.....

Name of child..... Sex.....M/F...

Date of Birth.....

Address.....

.....Postcode.....

Telephone.....

**\*I/We wish to apply for the above child to join Tillingham Pre-school**

**\*I/We wish to arrange a home visit**

\*as soon as possible

\*from .....(Date)

\*please delete as appropriate

How many sessions would you like your child to attend?.....

Preferred days - a.m. sessions for children 2 - 5yrs p.m. sessions (Mon, Fri) for 3+ yrs

Monday Monday p.m Tuesday Wednesday Thursday Friday Friday p.m.

(If these days are available)

If you find that you no longer need the place, please inform the pre-school as soon as possible.

Signature of parent/carer.....

Date.....

How did you hear about us?.....

Please complete and return this form to; Tillingham Pre-school, Village Hall, Vicarage Lane, Tillingham, Essex, CM0 7TW. Attn: Karen Foster, Supervisor Tel: 01621 778803/01621 778403