

## Tillingham Pre-school

## 10.3 Waiting List Application

Personal Information			
First name(s) of child:			
Surname of child:		Date of birth:	
Full address:			
		Postcode:	
Parent/carer name (1):			
Relationship to child:			
Full address (if different):			
		Postcode:	
Daytime/work tel:	Home:	Mobile:	
Parent/carer name (2):			
Relationship to child:			
Full address (if different):			
		Postcode:	
Daytime/work tel:	Home:	Mobile:	

Monday a.m.	Monday p.m.	Tuesday	Wednesday	Thursday	Friday a.m.	Friday p.m.	
	tion places you ailable. <b>Please</b>						
<b>child</b> Once your child is offered a place and you accept it, on admission further personal informatior amily details are required for our records. Your child's birth certificate is required at this point.							
f you find that you no longer need the place, please inform us as soon as possible.							
Signed parent/carer (1):				Date:			
Signed parent/carer (2):				Date:			
conditions	dvised that th provided to yo I and agree to	ou. By signir	ng this docum	ent, you ack	e is subjec nowledge 1	t to our terms that you have	
Please com	plete and returr	n this form to;					

Tillingham Pre-school Tillingham Village Hall, Vicarage Lane, Tillingham Essex CM0 7TW 01621 778803/07434 534426

CM0 7TW

Attn: Karen Tuckey, Supervisor