

**Application to Join Form**

**Windmill Pre-school Lytham**

**Park View Road**

**Lytham St. Annes**

**Lancashire. FY8 4HA**

**Charity Number: 1107707**



**Personal details**

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: \_\_\_\_\_

**Session Request Preferred start date:** \_\_\_\_\_

*Please tick the sessions you would like your child to attend:*

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club - 8.00am to 8.45am Not available at present					
Morning Session - 9am to 12 noon					
Lunch Club – 12 noon to 1.00pm					
*Afternoon Session - 1.00pm to 3.30pm					

NB: \*Afternoon sessions when available

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child.**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

**If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).**

**Signed parent/carer (1):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed parent/carer (2):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.**

***For office use only:***

Deposit paid: \_\_\_\_\_ Date paid: \_\_\_\_\_

*Tear off the following part to return to the parent(s)*

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A place will be available for \_\_\_\_\_ (child's name)

\* on \_\_\_\_\_ (date) \* or; we will notify you when a place becomes free.

Signed on behalf of

WINDMILL PRE-SCHOOL LYTHAM: \_\_\_\_\_

Name: \_\_\_\_\_ Job title: \_\_\_\_\_ Pre-school Manager