

PIGLET'S PRE-SCHOOL ENQUIRY FORM

Full name of child (Inc. middle name) _____

Child known as _____ Gender _____ Date of Birth ____/____/____

9 months - 15/18 months 15/18 months - 2 years 2 – 3 years 3 - 4 years *(please circle room required)*

Parent Contact _____ Email _____

Mobile _____ Please state when place required from _____

Please tick the days and sessions you would like your child to attend

	Monday	Tuesday	Wednesday	Thursday	Friday
8am-5pm					
8am-3.30pm					
8am-12pm					
9am – 5pm					
9am-3.30pm					
9am – 12pm					

Please circle if you intend for your child to attend either:

Term-Time (38 weeks) or Full Time (47 weeks)

Piglets Pre-school Manager/Owner

Sarah Bettinson

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Deputy/Admissions

Sharon Voden